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THE

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OF

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Published Quarterly.

Διὰ τὰ ὅμοια νοῦσος γίνεται, καὶ δὶα τὰ ὅμοια προσφερόμενα ἐκ νοσεύντων ὑγιαίνονται, . . . διὰ τὸ ἐμέειν ἔμετος παύεται.

ΙΠΠΟΚΡΑΤΗΣ.

Similia Similibus Curantur.

HAHNEMANN.

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Original and Translated Papers.

ARTICLE I.—*The Mission of Homœopathy.* By CHARLES CROPPER, M.D., of Cincinnati, Ohio.

MEDICINE has been, not inaptly, styled "the daughter of dreams." From the time of Hippocrates until now, the great body of the profession has been swayed by conflicting theories, founded upon either the wholly unsupported fancies and conjectures of their authors, or insecurely and unwarrantably builded upon isolated facts, often accidental in their occurrence, partial in their observation, and, properly understood in their inherent nature and theoretical significance, pointing to a law of action widely different from the one in support of which they had been adduced. All of the branches of medicine have been involved in these absurdities and crudities; nor has the nomenclature of any department of the science, even in our day, been entirely purged from the errors and misleadings with which the past has so fruitfully abounded. The chief causes which have led to this condition of the science and the art are, 1., the imperfect observation of facts and 2., the failure to properly arrange and harmonize them. Facts are the isolated pearls of a necklace;—a true theory, in other words, a science, is the cord which runs through and binds together all in a single chain. Says Dr. Dunglison: "a glance at the history of medicine exhibits that the science has suffered more from faulty observation than from faulty theories." This is probably true, but, if so, it is unquestionably due to the simple fact that there have been more "observations" than "theories" growing out of and builded upon these observations.

Theories are indeed sometimes pure abstractions existing only in the imaginations of their authors; but far more frequently they are the deductions from so-called facts, which have been observed either by the author himself or by other parties. Now, if the observations be "faulty" the theory could not be otherwise, unless, indeed, by the merest accident, in which case it would not really rest upon the observations at all. The current history of medicine, although great and encouraging progress has been made, still lamentably shows the same defective observations and the same inexcusable haste in founding theories upon the basis of fancy or of partial observation. In no department of medical science is this so apparent as in therapeutics; and with that as homœopathists, we are more immediately concerned, although no collateral branch should be neglected by us. It is one thing to note facts, and quite another to arrange, classify and harmonize them, so as to base thereon a theory which shall serve as a sure guide in the practical operations connected with the department. One may be a good observer, but a poor theorist; another may be a good theorist: but an indifferent observer: the two qualities are rarely combined in one person in any eminent degree. More observers of facts are required than builders of systems—many workmen are required to collect and prepare the materials for a building; but only one architect is requisite to employ all the materials that they may be fitly framed together in the erection of a stately and enduring edifice. Too many facts cannot be noted, and the more collected, the less necessity for separate theories: as when scientifically arranged and philosophically considered, a vast number of seemingly conflicting facts occurring in the observations of many individuals will be found to point to and elucidate a single law. This is the chief province of science, properly so-called, viz.: to collect, arrange and harmonize facts: and hence the distinguishing achievement of the illustrious founder of homœopathy, in going back through all the history of the past; gathering up the fragmentary observations of thousands through all the centuries of medical history;—casting aside the feeble, disjointed and often antagonistic explanations of these phenomena, terminating in unsatisfactory and unsubstantial theories:—and finally harmonizing all under a single law, which, like that of gravity, is of universal application and teaches of a central principle, exhibiting wisdom, harmony, beneficence and power, where else had appeared only the blind sportings of chance. The old school of medicine, instead of heaping maledictions upon the head of Hahnemann, should rather have manifested the profoundest gratitude for the great work he accomplished for them—a work, which they had shown themselves incompetent to achieve; of which, indeed, they had but scarcely dreamed,—that is, of rationally accounting for the action of the drugs they so freely employed.

The great work of Hahnemann consisted in laying, broad and deep, upon the rock of immutable truth, the foundation of a rational system of therapeutics—to complete the structure will be the efforts of his followers in all coming time;—to perfect a system of medication, not relying upon the kind of observation which has entered so largely into the false systems to which allusion has been made; but based upon reliable, oft-repeated experiments upon healthy organizations, corroberated in all conditions and characteristics of the subjects of such experimentation and illustrated by multiplied cases in actual practice.

Our clinical reports in the current literature of the day are, in too many instances, utterly worthless in so far as their value as affording guiding principles for the rational administration of the remedies employed is concerned. And here let me remark, in passing, that a great and very essential step in therapeutical science will have been taken when a *cure* may be readily and with certainty distinguished from a *recovery*. The administration of any remedy without the clearest indication for its employment by the presence in the individual case of the characteristic and distinctive symptoms of the remedy, is unscientific; and such practice, however successful it may appear in that particular case, is only empirical and, consequently, unsatisfactory to the scientific mind. It was this sad exhibition of empiricism, this administration of remedial agents without regard to fixed law, in the old school of medicine, that led BICHAT to declare that "medicine is no science for a methodical mind."

Thus much by way of introduction to the single thought which it is my present purpose to offer for the consideration of my colleagues. That thought may be expressed by the interrogatory: *What is the Mission of Homœopathy?* I answer briefly thus: Its one great, distinctive object, its peculiar mission is, as already intimated, the prosecution of the work so gloriously begun by the illustrious founder of our system—the development of the science of therapeutics. And this is to be accomplished in the same way that the work already done has been carried on, not by theorizing in the abstract, but by deducing correct theory from indisputable and concurring facts. The great law which controls the action of all drugs upon the human organization has been clearly set forth, and experience, vast and varied, has accumulated—sufficient to establish it as a natural law. What remains to be done is to determine upon certain universally applicable principles, the various modifications of this law, or rather the subordinate rules of action under this general law. These are chiefly the questions of *dose in actual practice, and the ascertainment of the different spheres of action of the several attenuations, by the institution of provings in various potencies:* and to these we now confine our attention. What is a dose? This is a question far easier to propound than to answer. The allopath considers his dose with reference to age, sex, condition, climate, idiosyncrasy and effects designed to be produced by the agent employed. Thus he has a dose for the infant of a few months; for a child and for an adult; a dose for a male and a dose for a female; a dose for the strong and a dose for the weak; a dose for a drug under one classification, and another for the same drug when placed in another class; and a dose modified (without a rule for the modification) by all the idiosyncrasies which the patient may present. But to the homœopathist this is a question of far higher moment. He wants no arbitrary rule founded either upon general consent or the limits to which a drug may be pushed, short of its toxicological effects. He wants certainty, precision.

I am aware that to take such a position, is to erect a high standard,—to propose a certainty in the action of medicine which few will accord it; but I know also, that the higher we aim the higher will we be likely to attain; and until this point of certainty, not only in the action of medicines, but also in regard to the quantity requisite to produce the action desired, is reached, the medical philosopher must admit his to be an unsatisfactory science. Doses are either poisonous or curative. A poisonous dose exerts its power on the healthy organism, the healthy tissues, and produces a condition of derangement or disorganization—a condition of disease. A curative dose expends its force upon the diseased condition, acts on the parts, organs or tissues already disturbed or directed from their normal action and restores them to a condition of health. Hence the error of allopathic Solomons displayed in the heroic daring with which they occasionally swallow a whole vial of some homœopathic attenuation, and, because they are not forthwith laid in a box as narrow as their intellectual perceptions, fancy they have dealt a death-blow to homœopathy. They fail to perceive that, in a condition of health, a high attenuation is usually *without a sphere of action* and consequently inoperative. These wise gentlemen might with equal propriety tell their ophthalmic patients that it is absurd to suppose a ray of light can produce a painful effect on the eye, for *they* can endure a flood of light upon their organs of vision and it is rather pleasant than painful. It is perhaps scarcely necessary to state that no one of any school now claims that drugs act, curatively, in direct proportion to the quantity administered; and yet the old school physicians are continually advancing the objection to homœopathy, that the small doses usually employed *must* be incapable of action, *because* they are small. Now all things are great and small only by comparison, and the test of size or quantity required of anything whatever, is its sufficiency for the purpose sought to be accomplished. If it be adequate to the end proposed, then any excess over and above that definite quantity is at least *useless*,—may defeat the purpose, or be productive of disastrous results. The elements in a chemical compound are found to exist there in certain proportions;—will you propose to the chemist to make it a *stronger* compound by adding to the quantity of a given element? If a space is to be filled, will you attempt to make it hold more than its capacity? If you wish to neutralize a chemical body, will you succeed in direct ratio to the quantity of the neutralizing agent employed? If this mode of procedure be not admissible in chemistry or in natural philosophy, is it any better in medicine? If you destroy a vessel by attempting to crowd within it more than its capacity permits it to contain; if you destroy a chemical compound by adding one of its elements in excess, may you not, also,—nay, does not the whole history of practical medicine teach you, that you will assuredly injure the human organism and may ultimately destroy life, by giving in cases of disease a greater quantity of medicine than is required to counteract the influence of the disease—by administering any excess to expend its power upon the healthy tissues. I have often observed what the experience of many will doubtless confirm—the most marked aggravations and the most characteristic pathogenetic symptoms following the exhibition of a high potency of some of our remedies. Hence we conclude that a *definite* dose is required in all cases; *less* than that definite dose is insufficient—*more* is injurious. It is the mission of homœopathy to lift the determination of the dose above the low grounds of all this fancy, conjecture and arbitrary proportionment, and place it on the higher plane of scientific precision. To do this, it will be necessary to develop a law for the dose of each individual remedy, in accordance with the modifications of the symptoms presented in each individual case of disease. This, of course, can only be accomplished by instituting *provings in the various potencies and keeping the records of such provings entirely distinct.*

EACH ATTENUATION IS IN SOME RESPECTS A DIFFERENT REMEDY. By so doing, it will doubtless be found that certain potencies develop (with the characteristic symptoms of the drug) certain concomitant symptoms, peculiar to the particular attenuation; and thus, instead of complicating the practice, it will be the means of greatly simplifying it, and rendering the administration of the requisite dose a matter of accuracy instead of one of conjecture and experiment.

On the subject of the various potencies employed but little in the way of positive information on a sufficiently extended scale has yet been elicited; by no means sufficient to clearly indicate what potency is required in a given case, and what is the law in regard to their relative efficiency in various organizations, and in various manifestions and conditions of disease. What potencies are required in acute attacks? Do they demand higher or lower preparations than chronic cases of the same disease, or is it temperament which furnishes the indication; or are we to be governed by the stages of disease, giving a high potency at one stage and a low at another? And then what is the law in regard to the employment of the various potencies in cases where the remedy is clearly indicated, but in which a given potency has proven ineffectual? True, if the *crude* forms have been administered, there is no lower point to be reached, and if the remedy is to be continued, it *must* be higher; but, supposing one of the medium dilutions to have been used—say from the 3d to the 12th—and without effect, will the physician descend or ascend in the scale? If he descends, how much lower, if he ascends, how much higher? What is the difference of action between the 12th and 200th potency, what between the 200th and the 2000th, and what the definite, well ascertained, characteristic actions of all intermediate preparations? Hard questions these undoubtedly are; but hard questions must be answered. There is no royal road to knowledge, but oh! how splendidly royal the temple when at last its portals are entered. If it is true that medicines acquire intensity by the process of potentization, then, as acute diseases are more intense in their manifestations than those of a chronic character, does it not follow that the higher potencies are more applicable to acute than to chronic cases—the opposite of the generally entertained opinion on this subject. If it be objected that the determination of such questions are not practicable; that too many and insurmountable difficulties lie in the way, my only answer is, that, in that view of the case, we must be content with routinism, and with practicing in accordance with that which has no claims to the precision and demonstrability which belong to a science. It will, undoubtedly, involve a vast amount of patient labor and minute observation to conduct the provings of the various remedial agents employed, in many degrees of attenuation; but if the result shall enable us to answer with scientific accuracy in each individual case the question, what is the dose, or rather what is the potency required in this case?—the labor will not have been performed in vain. I have only been enabled in this brief paper to hint at what I conceive to be the mission of homœopathy. *Our* mission as homœopathists involves much more. Permit me now simply to suggest that it should be regarded a prominent feature of our mission as medical reformers to inaugurate a higher ethical code—infinitely higher than that, in accordance with which an allopathic Sanhedrim recently ostracised one of their best and ablest members;—a code fitted for scholars and gentlemen, rather than the blind devotees of party and the suppliant tools of arrogating authority. And as growing out of this part of our mission, it is for us to pave the way for the final incorporation into *one* body *all* of the true, earnest, enthusiastic cultivators of medical science and practitioners of the noble art of healing; a body of which honor shall be the soul and love of truth the all-pervading, all-controlling spirit.

ARTICLE II.—*Cases from Practice.* By G. J. JONES, M.D., of Holland Patent, N.-Y.

ALTHOUGH I do not consider myself well enough versed in the materia medica to prescribe with that accuracy which is so essential in using the high attenuations, I have never performed cures nearly so satisfactory, as when, after carefully studying a case, and prescribing a single dose of the 30th or 200th potency of the exact remedy.

The two following cases cured by two doses each of Sepia 200th, with many others, fully prove to my mind the efficacy of what many term the high dilutions.

Miss M. A. J., aged 16, of a sanguine nervous temperament, came under my care, suffering evidently from chlorosis.

She had always been a delicate child until she was 10 or 11 years old, when she became more rugged, and for a year or two she seemed quite well.

At the age of 13 she was called upon to take charge of the household, as her mother was compelled to leave home. About this time she commenced menstruating.

This double burden proved too much for her rapidly growing body, and after a few months she commenced showing symptoms of chlorosis.

She was very feeble until the next spring, nearly a year from the date of her first illness, when, as warm weather came on, she began to improve.

During this time she was treated by Dr. Pope (allopath) of Rome. As she improved so slowly, whether he was deserving of it or not, the doctor got very little praise from the patient's friends.

She continued to improve until fall, when she seemed to have recovered; but the winter had hardly set in before her old symptoms began te show themselves. This time they employed Dr. M. M. Gardner my preceptor and predecessor. She recovered almost perfectly by spring. During the past summer she was unusually well. In November last she caught a severe cold, which brought back the old symptoms in all their former glory. I saw her on Jan. 7. She was tall and rather slender, with a fine sensitive skin. The symptom which I noticed first, was a sort of uneasiness in the presence of strangers—a slight quiver of the whole system as I approached her, although she strove to appear calm—her face flushing up suddenly, but soon returning to its usual characteristic sallowness. I found she had a skin-disease of long-standing, supposed to have come on from sleeping with a person similarly affected.

There was at night an itching and burning of the skin, in the bends of the elbows and knees. Small pimples would raise up, from which, upon scratching was discharged a small quantity of serous fluid; then they would dry down, leaving the skin somewhat roughened, with brown herpetic spots here and there.

She had a decidedly chlorotic look; her pulse was soft and easily compressed, 96 beats per minute; she would start at trifles; she slept comparatively well, though she was troubled with dreams; she seemed to have more fever in the afternoon than in the earlier part of the day; she had a mouthful of decayed teeth; her tongue was covered with a rather thick slimy fur, quite dark at the root, but lighter near the edges; sometimes this fur cleared off in patches, leaving the exposed surface very red. She had some appetite, but immediately after eating, (almost every meal) she was taken with severe pains in the stomach, described as *cramps*, causing her to bend over; and at the same time she vomited the most of her last meal, with a considerable amount of slimy fluid.

Even when the pain was not so severe, and when she did not vomit, she spit up a great amount of this fluid, after her meals.

She lived almost entirely on crackers, with as little drink as she could get along with. Her bowels were much constipated, moving scarcely at all without taking a cathartic. There had been no appearance of the menses for two months. There were slight pains in the hypogastric region most of the time. Her back and limbs were very weak.

I prescribed Helonias-dioic., 2 or 3 drops half an hour before each meal, with a powder of Nux-vom., 3, at night.

As she had been taking some wine, I ordered it continued, with as much animal food as her stomach would bear; though they told me that at that time she could relish nothing of the kind except occasionally a little beaf-tea or oyster-soup.

I saw her again on the 13th. There seemed to be a slight improvement in her symptoms. Her pulse was perhaps a little fuller, and she had not quite so much distress in her stomach after her meals. Prescription Hel., and Podophylin instead of the Nux.

I visited her again on the 24th. The case was not progressing satisfactorily. I determined now to try the high dilutions. Having studied up the case carefully previous to my visit, and finding Sepia corresponding with most of her symptoms, I prescribed a single dose of Sepia 200, to be taken that night, giving a powder of Sac.-lac., every succeeding night for one week, when I would see her again. At my appointed visit I found her improving rapidly; she could eat many kinds of food that she had not tasted for months before, and had no return of the vomiting. I prescribed Sac.-lac. I saw her again on Feb. 9. Improvement seemed to have been steady up to 3 or 4 days previous to my visit. Since then, though she felt no worse, she was positive that was she not improving as rapidly as formerly. I prescribed another dose of Sep., 200. I saw her mother in 3 or 4 weeks, who told me she was doing "first-rate."

After being suppressed for nearly 4 months her menses came on, perfectly natural.

1866. November 23. D., a little girl aged 7 or 8 years, a child of scrofulous parents. She had light hair, blue eyes, and a very fair complexion. Four years ago, she had an inveterate skin-disease, which was cured by Dr. Gardner. He used the 200th potency altogether, in this case. I think he used Lach., more than any other remedy.

Since then, one after another, there came warts on her face until there were twelve situated about the mouth and chin. Various local applications had been tried, with little if any benefit. They were rather long, and quite roughed at the top. As they were smaller at the base than at the top they might have been easily ligated. But after being destroyed by ligation they speedily returned. I found very few remedies with the symptoms "warts on the face." Sepia I at last fixed upon as my remedy—the general symptoms corresponding almost perfectly. I thereupon prescribed two doses of the 200th attenuation, only one to be taken at that time. In three or four days the warts commenced showing signs of decay, and in one week two or three of them fell off.

The others gradually dried down and fell off, until nearly all were gone.

About four or five weeks after making my prescription, I met the mother. From her history I made up my mind that improvement had ceased, and ordered the other dose to be taken. In one month from this time I saw the little girl, and there was nothing at all left of the hideous looking excrescences of two months before; the skin presenting scarcely any appearance indicative of their former presence.

ARTICLE III.—*Tænia-Solium.* By C. JUDSON HILL, M.D., Utica, N.-Y.

IT is stated by Prof. Geo. B. Wood of Philadelphia, that the *Bothriocephalus-latus*, or *Broad tape-worm* is found only among the inhabitants of Switzerland, Poland and Russia, or in individuals who have been in those regions; but the *Tænia Solium* or *common tape-worm* is met with everywhere. They inhabit chiefly the small intestines; and are often solitary, but sometimes also in numbers, though less numerous than the other intestinal worms.

They occur during childhood, but more frequently after puberty, and are very rare in old age. Females are said to be more subject to them than males.

They are much more common in some countries than in others, and are said to be comparatively rare in the United States. Perhaps this result may be ascribed to the abundance of wholesome food within the reach of everybody in this country.

The causes of tape-worm are somewhat hypothetical, and have been the subject of much controversy. The conclusion come to is, that these parasites obey the general laws of animal nature, as well in the mode of their generation, as in that of their development and growth. Recent. developments in relation to the long tape-worm or tænia-solium throws some light on this formerly dark subject. It is supposed that the *ovum*, produced in the human bowels is afterwards discharged, and having entered the system of another animal, especially the hog, is converted into an animalcule of the species *cysticercus*, the *C. cellulosa*, which continues to dwell, perhaps harmlessly, until the death of the animal. Its vitality is however retained, prepared for a further development, when it finds a suitable place for the purpose.

As the flesh of hogs is generally well cooked before it is eaten, the cysticercus usually perishes, and no harm results. But sometimes, inadvertently, a portion of the raw flesh is taken into the mouth and carries with it the animalcule into the alimentary canal where it is developed into the tape-worm.

The diagnosis of tape-worm is by no means clear and decisive, unless we can discover segments of the worm in the evacuations. When worms of this species are suspected, daily examinations of the excrement should be made, with a view to discover any portion of the parasite that might be expelled, and thus render the diagnosis certain.

Recently, a case of this kind came under my treatment, to diagnose which taxed all my skill. The symptoms were vague and uncertain, and for some time I was at a loss to discover any cause for such sufferings.

The patient, a young lady of excellent family, aged 24 years, had been troubled with alternate diarrhœa and constipation for several months without any assignable cause; she complained at times of very great distress in her stomach and bowels, which was relieved only when walking in the open air; the bowels were bloated, and at times felt as though they were pinched. Her sufferings were often of such a nature that she could give no clear description of them; but complained of an uneasy burning distress accompanied with a sensation of something like motion in the bowels. Her face was pale with alternate flushes of a livid hue; she was irritable and disposed to weep at trivial causes. Appetite variable. In fact, life seemed to be a burden, enjoyments had lost their charms; she was rapidly becoming emaciated, and apparent indications of decline were setting in.

Her parents became alarmed at the really deplorable state of her health, and applied to me for medical advice.

After a careful consideration of her case, involved with many a doubt, I formed the opinion that she was troubled with worms, but did not suspect tape-worm.

Treatment.—I prescribed Santouine and Podophyllin according to the following formulæ of William Paine, M.D., of Philadelphia. ℞. Santonine grs. 10.—Podophyllin $^{1}/_{10}$ grs. 15. mix and divide into seven powders—one to be taken night and morning. In a few days I was informed that she had passed about fifteen very singular looking worms, about two inches in length and flat like a piece of tape. At first, I was at a loss to know what species of worm it could be, and gave directions that if any more passed to save them, that I would inspect and classify them. Continued the same remedies. The next day I was notified that she had passed a large number of the worms, varying from two to six inches in length. I called and inspected them, and found them to be portions of a tape-worm. The question now arose: What is the best and most certain method to expel the parasite?

This being the first case of the kind that had come under my cognizance, I was somewhat undecided what course to pursue. I had read of several remedies such as, *Turpentine*, *Filix-mas*, *Sulphuric-acid*, *pumpkin-seeds*, *&c.*, having been used with varied success; but I was in a quandary which one to adopt, when fortunately, I received the *Medical Investigator*, which contained the report of a case treated by Prof. E. M. Hale, of Chicago.

I immediately adopted his treatment, which was to administer *an ounce or more of the bruised meats of pumpkin-seeds* at night fasting—to be followed in the morning by *two drachms of Sulphuric-ether* and shortly afterwards an *ounce of Castor-oil.* About ten o'clock, some two hours after taking the oil, she passed about forty feet of the tape-worm. I placed her upon a vermifuge diet, viz., the crusts of good, sweet wheat-meal bread, and good, ripe uncooked apples and dry toasted brown bread, forbidding all kinds of slop food; also ordered the patient to repeat the dose in about a week. After taking the second dose of pumpkin-seeds, &c., she passed thirty feet more of the worm, including as I should judge from the form of the portion passed, all of the worm but the head, which I was unable to discover, although it might have been expelled separately. In order to be certain that the whole of the parasite had been expelled, I repeated the dose the third time, but could obtain nothing more. It is uncertain whether the head in this case has been destroyed or not, but as nothing was obtained from the last medicine given, I am led to believe that the head might possibly have been passed and not discovered. In a month or two, I shall deem it advisable, to make another effort with the pumpkin-seeds, to satisfy myself as well as the patient as to her condition. The patient at present is feeling comparatively well, and gains in strength daily; and I hope for her sake that it may be permanent.

It might be well to add here, that at a recent discussion in the New-York Farmer's Club, the medicinal qualities of pumpkins was considered.—One member said: "I will give you a simple yet a very valuable cure for inflammatory rheumatism. A woman's arm was swelled to an enormous size and painfully inflamed. A poultice was made of stewed pumpkins, which was renewed every fifteen minutes, and in a short time produced a perfect cure. The poultices when removed were extremely offensive. A man was cured of severe inflammation of the bowels by the same kind of application."

Dr. Smith stated that, "In his travels in Syria he found pumpkin-seeds almost universally eaten by the people on account of their supposed medical qualities. Not because they are diuretic, but as an antidote against animalculæ which infest the bowels. They are sold in the streets as apples and nuts are here. It is a medical fact, that persons have been cured of tapeworm by the use of pumpkin-seeds. The outer skin being removed, the meats are bruised in a mortar, into an oily, pasty mass. It is swallowed by the patient after fasting some hours, and takes the place of chyle in the stomach; and the tape-worm lets go its hold on the membrane and becomes gorged with this substance and in some measure probably torpid. Then a large dose of Castor-oil is administered, and the worms ejected before they are able to renew their hold."

ARTICLE IV.—*A Case of Epulis.* By H. WILLIS, M.D., of Clinton, N.-Y.

SOME TIME during the month of January last I was called on by Miss L., a robust healthy woman, about 30 years of age, to examine a tumor growing from the gum of her lower jaw.

The growth was a fungoid, lobulatad mass, of a dull red color, more than an inch in diameter.

She had first noticed it about a year previously. It had commenced in the region of the canine and bicuspid teeth. As it increased in size it loosened the adjacent teeth, so that she had had them removed about a fortnight before I saw her.

My opinion was that a cure could be effected only by a thorough surgical operation.

Yet I advised a delay of a few weeks, as it might be POSSIBLE that the extracting of the teeth would arrest the growth, and that, assisted by the proper remedies, it might disappear altogether.

I prescribed Staph., first in low and afterwards in high attenuations. Four weeks after, I saw that the tumor instead of decreasing, had considerably increased in size: consequently I was convinced that neither the vis-medicatrix naturæ nor medicine, either in low or high dilutions would effect a cure; I therefore advised her to submit to an operation.

There are three modes of destroying these tumors: one by escharotics, slow, painful and not always sure to be effectual.

Another, the one usually recommended in works on surgery is, after removing the tumor, to remove by the use of the saw and bone forceps a part of the alveolar process and that part of the jaw to which the tumor is attached; this is by no means easy to do, on account of the attending hæmorrhage and the difficulty in arresting it without resort to actual cautery.

The third mode is the one I decided to adopt in this case.

I was assisted by Dr. Mandeville, formerly of Mobile, Ala. He succeeded in removing the tumor by a few strokes of the scalpel. The bleeding was so profuse that after the first incision it was impossible to see the knife; the guide being to cut as close to the bone as possible. The wound was then cauterized. The instrument used was a rod of iron, eight inches in length and one-fourth of an inch in diameter, curved with a button at the end. This was fitted into a strong handle.

Owing to the extent of surface and the attending difficulties I was positive that *once* cauterizing was not sufficient; yet as the patient was unwilling to endure another operation at the time, this was allowed to suffice. In one week after I was certain that the tumor was beginning to grow again; and in another week it was evidently increasing at a rapid rate. I then determined to perform the operation in a more thorough manner. I had two irons made, differing from the first only in this: instead of buttons the ends were enlarged and made with an edge similar to a cold chisel. These were heated to a white heat in a fire near which the patient was seated; her head being firmly held by my attendant during the operation.

The cauterization was continued until we were satisfied that the periosteum of the contiguous bone was destroyed.

Two weeks afterwards the wound was nearly healed and the patient felt but little inconvenience from it. It is now three months since the operation, and the gum has a healthy appearance.

ARTICLE V.—*Man the Epitome of the Earth.* By J. C. CUMMINGS, M.D., of New Orleans.

IN man is the essence or peculiar living principle of every thing in the mineral, vegetable and animal kingdoms; he is thus a triune of kingdoms—the highest and most perfect created being on earth, and literally the image of the Creator —his God.

Dr. Henry Bence Jones says, that "Quinine is a natural constituent of the body. No imagination could have anticipated that the line of research into the rate of passage of substances into and out of the textures would lead to the supposition that man and all animals possess, in every part of the body, the most characteristics peculiarly of the bark of the Cinchona trees of Peru. After determining the rate of passage of lithia and other mineral matters into and out of the body, Dr. Dupré and I proceeded to endeavor to trace the rate of passage of Quinine into and out of the textures of animals. Two guinea-pigs were taken, to one was given Quinine, to the other none—both were killed at the same time, and in both were found the close similarity of the substance that exists in the textures to Quinine itself. It is not thirty years yet since the presence of ammonia in the products of distillation of coal was considered 'curious,' because nitrogen was thought to be the characteristics of an animal substance, and absence of nitrogen was considered as the distinctive mark of vegetable creation.

"Gradually, year by year, each substance that has been thought to be the special property of the vegetable world has been found in animals.

"Thus sugar, starch, woody fibre, vegetable coloring matter, as indigo, albuminous substances, are common to animals and vegetables; and at length we have arrived at the fact, that no distinction can truly be drawn between the three kingdoms of nature. In the body, salt and phosphate of lime, and phosphate of soda are animal substances as much as fibrin and albumen—sugar is as much an animal substance as albumen is a vegetable substance—and no separation can be made by chemical analysis between animal, vegetable and mineral."

Thus the essentials of the three kingdoms being identical, and all epitomized in man, they must each occupy an infinitesimal place. But they must all harmonize and perform their special uses. And whenever any one of them is displaced, disease is the result. Now we see that the homœopathic law, that "like cures like," is a literal truth.

And it matters not from which kingdom the medicine is taken, so it presents the exact symptoms of the case being treated. But the great difficulty is to get the dose small enough to supply the precise quantity of the medicine, that is in the patient when in perfect health.

There is a vital principle in every created thing that marks its characteristics. The white and black oak, though both belonging to the same genus, can never mingle or change from the one to the other. Albumen of the animal and vegetable kingdoms—though chemically the same—may not be exactly the same as to their vital principle. So we must still depend for the present on "provings" as a guide in practice. But as chemistry, pathology and the microscope unravel the mysteries of nature, our knowledge of disease will become more specific, and our treatment less a matter of conjecture.

Dr. H. Bence Jones says "our so-called animal Quinoidine is descended from albumen, and its ultimate progeny are carbonate of ammonia and water, out of which substances the cinchona tree, under favorable circumstances, is able to build up Quinine.

$$C_{40}, H_{24}, N_2, O_4.$$

"Even in a quarter of an hour after 4 grains of sulphate of Quinine, the fluorescence may rise to 75 grains, to 103 litres, it is found in all the textures of the body.

"1. Assume that a substance like Quinine exists, in health, in the textures, can its rapid destruction and removal through the action of marsh miasm give rise to ague? Does Quinine cure ague by furnishing a substance which retards the changes which go on in the textures? and in the well-known property of Arsenic to preserve organic substances, have we also the explanation of its power in curing ague?" I answer—no. It is not by "*retarding* the changes which go on in the textures that Quinine cures ague," but by supplying the deficiency that exists in the textures in a state of health—as he has shown that Quinine is a natural constituent of the body. So it will be found of Arsenic and every other medicine, when the animal textures are made known.

Dr. Bedford* prescribes Quinine in anasarca, caused by profuse hæmorrhage—as he says, to "restore the *albumen* to the blood, lost by the hæmorrhage. But we see from Dr. Jones that "animal Quinoidine is descended from albumen"—and hence the reason for Dr. B's prescription, which before Dr. J's discovery could not be explained. Dr. Bedford further states that the "researches of Becquerel and Rodier prove that there are two forms of anæmia, one dependent on the loss of red-globules in the blood, as in chlorosis; the other dependent on the loss of albumen, such, for example, as in the exhaustion following profuse sanguineous losses, and impoverished diet, &c.:—without this distinction you can have no rational hope of applying the appropriate remedy.

"In the anæmia resulting from the loss of red-globules Iron is the remedy. In the anæmia, on the contrary, dependent on the loss of albumen, Iron has no remedial effect whatever. Again, in chlorosis, Quinine is a perfectly negative remedy—while, in the other form of anæmia, it is *heroic* in its results."

Dr. Hughes says that "Phosphoric-acid is the best remedy for phosphatic deposits, when *these depend* upon *excess of phosphoric-acid from waste of nervous tissue*, or upon alkalinity of the urine from nervous depression." Phosphate of lime in *caries* of the bones is another instance of the truth of my theory.

It may be years before the physical sciences, chemistry, the microscope, &c., can detect all the constituents of an animal body; but enough will be proved to establish the general law, that man is the epitome of the three kingdoms; that he is restored to health, not as Dr. Madden* says, all systems of practice do it, by "exalting some function, and as a consequence disturbing the vicious equilibrium," but by restoring the vital element, that has been displaced by disease—and thus producing a "balance of the functions."

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* Bedford's Diseases of Women and Children. Page 401.

Elementary substances are those which exist in all three kingdoms, and should always have the preference, when their pathogenic symptoms indicate their use. For instance, Fluorine is "a substance occurring chiefly in fluor-spar, in a state of combination with lime. Drs. Will and Fresenius have detected it in the ashes of plants; it exists in all the cereals, in the bones of all recent animals thus far examined, and also in fossil bones." Here then is a great medicine which has been but little used in practice so far as I know; and I find it mentioned in but one work on therapeutics or materia medica, that I have. Until Fluorine can be obtained pure triturations and provings of fluor-spar can be made—and the many virtues of the medicine brought into use. Disease is a departure from nature,—health is a return to nature. Our animal bodies are continually coming from, and returning to the earth.

ARTICLE VI.—*Hydrophobia.* By S. P. HEDGES, M.D., of Chicago, Ill.

THE word hydrophobia is from two Greek words, and signifies a "dread of water." Notwithstanding the objections to this word as generally employed, it is perhaps better adapted than any other to the disease as manifest in man.

It would be straining a point, I think, to call a disease hydrophobia, when there was dread of liquids. Yet we are aware, at the same time, that this is only one symptom. A mere dread of water, with difficulty or inability to swallow it, does not constitute hydrophobia or rabies proper. There are other grave and fatal symptoms. But this dread of water is the characteristic symptom of this disease; is always present in man, and very properly gives name to the affection.

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* British Journal of Homœopathy. No. 98. 1866. 618.

But the term rabies is more applicable when dogs, and other of the lower animals are affected with the disease. Dogs, when rabid, are never afraid of water, but eagerly lap it up to quench their thirst. They have even been known to swim rivers when rabid.

This disease is not of recent origin. Aristotle mentions it about 400 years B. C. To avoid confusion in writing of hydrophobic affections, authors have made something like the following distinctions: (1) Cases which are *not* the result of the bite of a mad dog, or of the application of any of its secretions to an abraded surface. (2) All cases which *are* the result of such inoculation.

The first are called symptomatic and spontaneous. *Symtomatic* hydrophobia, or simple dread of liquids, undoubtedly occurs in various diseases, as hysteria, tetanus, epilepsy, angina pectoris, &c. But it differs from real hydrophobia, in that, the dread of liquids comes on the same day as the cause which gives rise to it, and is generally cured at the same time with the disease with which it occurs. *Real* hydrophobia, however, has a longer or shorter period of incubation, as it may be, like other zymotic poisons. Symtomatic and real hydrophobia, differ, also, in their etiology, progress, curability, and method of treatment.

That there is a possibility of *real* hydrophobia or rabies arising spontaneously among men, separate from every other disease, and without inoculation is not proven by reliable cases. The instances reported by Raymond, Roupa and Pouteau, leave doubts as to whether there may have been some inoculation, though unknown to the patient. This is quite probable since we know that the handling of dogs, which were not suspected of being rabid at the time, has resulted in death from hydrophobia. There are very many cases of this kind on record; and it is the fact that the virus may gain entrance in some insidious manner, through some slight abrasion, or crack, or pimple which is not noticed.

The case of a hostler who died from hydrophobia, in England, having, as it was said, never been bitten by any dog, is not of weight as disproving the point. He was an intemperate man, and often laid in a drunken sleep for hours, where the dogs could lick his hands and face. He undoubtedly became inoculated with the poison, and did not have spontaneous hydrophobia.

The case of the man Haly, in New-York city, who was taken with hydrophobia while drinking a glass of water, and died in four days, with all the symptoms so characteristic of the disease, has been published. He could not remember of ever having been bitten by a dog. But he took care of horses, and slept in the stable, and was probably inoculated unknown to himself.

Another case is reported where fatal hydrophobia resulted from untying with the teeth, a knot in a rope with which a rabid dog had been tied. Hence, it is generally conceded that hydrophobia occurs among men *only* as the result of inoculation of the specific virus from some rabid animal, and never spontaneously.

And it is as generally admitted, on the other hand, that rabies arises spontaneously among the animals of the canine and feline races; as the dog, wolf, fox, jackal, and cat. Opposed to this, however, stands Mr. Youatt, the great English veterinary surgeon, who denies that it is ever propagated, except by inoculation, even among dogs. He believes that if you could "perform a quarantine" with each individual, dog and cat, and their species, you might rid the world of the dread disease, hydrophobia.

According to the best authorities, this disease originates among dogs and their species. It is, perhaps, always endemic among them, and perhaps, sometimes epidemic. It is a specific, inoculable disease. The peculiar poison is contained in the saliva. It has not been demonstrated as to whether the virus comes from the salivary glands or not. As these glands are rarely swollen or sore during the progress of the disease, and never reveal any morbid signs on sectio-cadaveris, it seems probable that their secretion may not be perverted at all. But, on the other hand, it is quite as evident that the rough, ropy, viscid secretion found so generally in the air-passages of both man and animals, when laboring under this fearful malady, does contain, or is in fact, itself the peculiar specific poison. Moreover, *post-mortem* examinations often reveal a state of congestion and inflammation of the larynx, bronchi and trachia, with a copious secretion of this peculiar ropy, viscid sputa, which collects and forms the foam at the corners of the mouth. But this point is not demonstrated as yet. No experiments have revealed the poison as contained in any other fluid or solid in the body. It is not in the blood, as tranfusion from rabid to healthy dogs does not cause the disease. Neither is it contained in the mother's milk.—The poison is not absorbed through the unbroken integument. But the sputa of a rabid animal must be applied to an abraded or wounded surface somewhere in order to inoculation.

As it is important that the practitioner should be able to judge as far as possible respecting the real condition of a dog supposed to be mad, in the event of his having bitten a human being, I quote from the graphic description of Mr. Youatt, the early symptoms of rabies in the dog. "In the greater number of cases," he remarks, "there are sullenness, fidgetiness, and continual shifting of position. When I have had opportunity, I have generally found these circumstances in succession. For several successive hours, perhaps, he retreats to his basket or bed. He shows no disposition to bite, and he answers the call upon him laggardly. He is curled up, and his face is buried between his paws and his breast. At length he begins to be fidgety. He searches out new resting-places; but he very soon changes these for others. He takes again to his own bed, but is continually shifting his posture. He begins to gaze strangely about him as he lies on his bed. His countenance is clouded and suspicious. He comes to one and another of the family, and fixes on them a steadfast gaze, as if he would read their very thoughts. 'I feel strangely ill,' he seems to say; 'have you anything to do with it? or you! or you?' Has not a dog mind enough for this? If we have observed a rabid dog at the commencement of the disease, we have seen this to the very life."

We see also, that the dog early becomes delirious. He sees spectral illusions. He flies at imaginary objects. He seems often to be blind, and runs against fences, &c. His bark seems strangely altered. He gazes wildly about; snaps at everything, and is extremely irritable. He is constantly endeavoring to detach the tough, frothy spittle, which collects at the corner of his mouth. He seems intensely thirsty, and drinks much water. He has a perverted appetite,—eats sticks, chips, hay, stones, &c. The disease tends rapidly to a fatal issue. The muscular powers fail; he reels and staggers like a drunken man; his eyes appear glassy; his tail droops; the tongue is protruded; the respiration hurried and panting; finally, worn out, the animal dies from exhaustion, or in convulsions. The attack lasts from three to five days. The power of communicating the infection lasts for twenty-four hours after death, according to Mr. Youatt. The period of latency in dogs is from two weeks, to four months; average about forty (40) days. Rabid dogs do not always show a tendency to bite, and in the first stages, often wish to lick the face and hands of their keeper.

A dog having bitten a person, if there is a remote suspicion of his being rabid, should be at once properly confined, and by no means killed. If he is rabid, he will die within a week, exhibiting unmistakable signs of rabies. And it saves many misgivings, and anxious thoughts to the person bitten, if, as is often the case, the dog should prove not to have been rabid. And even if known to have been rabid, it is safer to know it beyond a peradventure. Some, however, have concealed this last fact from the person bitten, which might be advisable.

As regards the etiology of hydrophobia, very little, if anything, is known. Cases are now and then arising, which seem to prove that the bite of a merely enraged animal, may cause hydrophobia. But it is improbable. Fear has brought on one or two cases of hydrophobia, but they did not end fatally. The direct cause in man is inoculation, but in dogs, it is believed to arise spontaneously, as before stated.

Very many causes, have, first and last, been advanced, but no one, nor all of them correspond to the facts of the case. The heat of dog-days has been assigned as a reason. But then rabies is only a trifle more prevalent in the warm, than during the cold months; besides, the disease is not so prevalent in tropical as in temperate climates. The period of heat—æstue venerie—also was supposed as a cause; but the facts do not sustain the hypothesis. Extremes of heat, thirst, hunger, filth, gangrenous wounds, rage, confinement and various other circumstances have been claimed to account for the disease, as the remote causes of it; yet they are not supported by experiment. Nearly, if not quite, all of these circumstances, and many others, have been inflicted upon animals, yet without any result as to causing rabies. It was from this fact, and his long experience, that Mr. Youatt came to his conclusion that rabies was never spontaneous, even among dogs. Mr. Gillman thinks its originates somewhat after the manner of typhus. Of the causes assigned for this affection, anciently, nearly all are too ridiculous, at this age of the world, to be mentioned.

It is said by some authors, that in Egypt, the dogs never have rabies; on some islands, there had never been rabies among the dogs, until it was imported. How these facts are explained, or can be, I do not see, unless we give up the spontaneous theory.

The poison itself is not peculiar to any one species of dog, nor to any single country or climate. All are affected in the same general way when inoculated with the poison, whether in Europe, Asia, or America; whether north or south. The inoculation in hydrophobia is usually by means of a tooth. But this is not always the case, as has been observed.

The mere licking of the hands may inoculate through some slight and unnoticed solution in the continuity of the integument. In those cases where hydrophobia has followed wounds from the claws of an animal, the specific poison was undoubtedly introduced by the claw being wetted in the spittle from the corners of the animal's mouth.

Hydrophobia will not always follow the bite of a rabid dog. Sometimes but one or two out of several bitten, will have the disease. Of twenty persons bitten by the same rabid dog, only one had hydrophobia. Some persons seem more susceptible to the disease than others.

Idiosyncracy has something to do with it, perhaps. We know some are more liable to the poison of small-pox, measles, and syphilis than others, and the same man, at one time, than at another.

The annual report of the General Hospital of Vienna, for the year 1860, gives 115 persons as bitten by rabid animals, only 25 of whom died of hydrophobia. Dogs are more susceptible than men. Of twelve dogs, and four men bitten by the same rabid animal, all the dogs died rabid, and none of the men. Usually two-thirds of those bitten escape; or, among the dogs, the chances are as two to one.

Bites on the hands and face are more dangerous than on other parts of the body; probably because the animal's tooth, in passing through the cloth or leather, is wiped clean of the poison, which does not enter the wound. Of 153 cases of persons bitten by rabid animals, collected in this country, 94 died; chances here, three to two, nearly.

It becomes an interesting question as to what animals can communicate rabies and what are susceptible to it. The canine and feline races are susceptible to it in a high degree. They can also communicate it to all other warm-blooded animals, with perhaps few exceptions. Fowls die quickly after inoculation, exhibiting few of the ordinary symptoms of the disease. Sheep cannot give rabies to each other, nor to other animals, according to some authors; also the horse, pig, cow, rabbit, and their kind. This is established by the majority of experiments, though there are some exceptions. It was thought at one time, that rabies could not be communicated from men to the lower animals. But Magendie and Breschet, in Paris, June 19th, 1833, inoculated two dogs with the saliva of a man dying of hydrophobia. One of the dogs became rabid the 27th of July following, and bit two other dogs which became rabid in August. This experiment was authentic, and was witnessed by several medical gentlemen. On another point, as to one man communicating the disease to another, the authority is conflicting.

The weight of homœopathic authority decides that such may be, and has been the fact. Old school writers incline to the opposite opinion. It is uncertain.

In man, the period of incubation varies from a few weeks to several months. Drs. Blatchford and Spoor, of Troy, analyzed eighty-nine cases; the average being seventy days. In twenty-three cases, it was thirty days and under, and in six cases it was over two hundred days.

It is claimed that the period of latency is sometimes much later. One case of five years, and another of thirteen years, are reported. But little reliance can be placed in these last reports. They are so contrary to general experience, that one cannot avoid the conclusion, that some later inoculation must have taken place, though unknown to the patient.

Dr. John Hunter considered eighteen months as the maximum period of latency. Well authenticated cases are on record, where death resulted from hydrophobia as early as the twelfth, fifteenth and twentieth days after having been bitten. The great majority of cases occur between the twentieth day, and the sixth month. After that time, the chances of not having hydrophobia are greatly increased.

The symptoms of real hydrophobia in man, may be divided into local and constitutional. The disease, also, has properly *two* stages: 1st, the premonitory symptoms, preceding the marked and decided aversion to liquids. 2d, From that time to the closing of the terrible scene. This disease respects neither age nor sex. It destroys the infant at the mother's breast, as well as the aged man of threescore years and ten.

The wound inflicted by a rabid animal, shows nothing peculiar from other wounds; it heals as other wounds do; and for days and weeks the individual goes about as usual, while the seeds of a terrible death are maturing in his system. This period of incubation, as has already been mentioned, is longer or shorter, according to the idiosyncrasy and susceptibility of the subject. But the zymotic poison is all the time in action—gathering its forces for a fearful development.

The method of the action of this poison, is unknown, though it is most probable that it follows the general course of other zymotic affections.

Many theories have been advanced concerning it, but are only hypotheses at most. Some suppose that the poison rests in the cicatrix as a sort of nidus; and that, after the period of latency has passed, is absorbed, and thus produces its specific results.

On this hypothesis, it is advised to excise the cicatrix, even after the premonitory symptoms have set in.

Others contend that the poison is at once absorbed into the system, and is at all times in action, until the final, fatal result occurs. Others have argued that a double zymosis, as it were, is set up in the system, as in syphilitic poison. After a sufficient period of incubation has passed, the poison may remain latent, until some exciting cause, as mental emotion, fear, rage, &c., sets the train of hydrophobic symptoms in motion. But usually, after a few weeks, the premonitory symptoms show themselves. The cicatrix begins to tingle and itch, and shooting pains radiate from it. If the wound is in the extremities, the pains shoot up to the elbow and shoulder, or toward the knee and groin, and from thence toward the heart. As the disease progresses, reddish lines are seen to follow the lymphatics, and often, the nerves. The wound becomes swollen, red, and tender; often of a darkish hue, and in a few cases, opens afresh, and discharges a thin fluid.

At the same time that these local symptoms manifest themselves, constitutional signs occur. The person feels sick; he has headache, is troubled with bad dreams, is irritable and cross, melancholy; occasional chills follow. And now the disease is in full force, and rapidly advances to the dread conclusion. The second stage of the disease is ushered in by difficulty or inability to swallow liquids. He feels an intense horror for them. The least attempt to swallow will bring on a convulsive constriction of the muscles of the pharynx. The The eyes protrude from the sockets; there is a twitching of the facial and cervical muscles. The whole person shrinks back with loathing and dread, while the hand motions away the hateful liquid. Sometimes the patient, with great determination, takes the glass, and brings it to his lips, while every fibre of his body is tense with the attempt to govern and restrain the impulse and the pain it occasions; but ere a drop passes his lips, he throws the glass from him, with a cry of agony. Or, if a few drops have entered his mouth, he writhes in pain and horror, in the endeavor to swallow them, and all the time is tormented with thirst, while a thick viscid mucous collects in his throat, and keeps him spitting; for he has a dread of even swallowing his own saliva. At this stage of the disease, the countenance looks anxious, often convulsed; the eyes bloodshot, wild, and glaring; pupils dilated, great aversion to light, or any shining or polished surface, as a mirror. There is a great susceptibility and aversion to sounds, especially the noise of running or pouring of water, clicking of glasses, ringing of bells, &c.; but he seldom notices the flow of his own urine, or the noise it occasions, while the same noise occasioned by the attendant, will throw him into spasms. The same result is often occasioned by currents of air. They often produce greater discomfort, than the dread of liquids. The opening of a door, the movement of a fan, or the breath of an individual, causes acute suffering.

The patient often becomes furious and unmanageable. Occasionally he is inclined to bite the attendants, and cautions them to be careful, or even requests them to restrain him. All this time the mind does not seem to be affected; consciousness is unimpaired. But towards the close there are paroxysms of rage and delirium. And now all the signs are aggravated; paroxysm follows paroxysm, until nature sinks, and death comes from sheer exhaustion. Or he may die suddenly in convulsions from suffocation. Often, however, there is near the close, a period of quiet, no dread of liquids, no paroxysm, no derangement. He drinks water, and sinks quietly off to sleep, and wakes only to die—if, indeed, he ever wakes. This common occurrence disproves the conclusion that the patient dies from thirst. It is evident that a person can go from three to five days without water, when he has moist and nourishing food.

The duration of the disease is from two days to a week usually. During the first stage, the pulse is about normal. But, as the disease progresses, it becomes more rapid, bounding, tense, and finally, before death, small, feeble and quick—from one hundred and twenty, to one hundred and sixty per minute. One case differs from another; though in all, the same general train of symptoms are found. A remarkable case is reported by Dr. W. W. Gone, Dublin, Ireland, where there was the usual horror of water, and impossibility of deglutition; but all the pain was referred to the *genitals* instead of the throat. Patient died the fourth day.

Its diagnosis is not difficult. Tetanus is the only disease with which it may be confounded, and here the differential diagnosis is easily made out. The dread of water, which is sometimes sympathetic in tetanus, is never so continuous nor fierce, as in hydrophobia. There is none of the viscid saliva in tetanus. The preliminary symptoms and the history of the case are not like those of hydrophobia. Then, the convulsions of tetanus are tonic, rigid, persistent; while in hydrophobia, they are clonic and intermitting. In tetanus there is trismus; while in hydrophobia the lower jaw is in constant motion. The violence and continued and certain progress of the symptoms in hydrophobia would distinguish it at all times from hysteria.

The prognosis is always grave. Dr. Gross says: "If there is a case of recovery of a reliable character upon record, I am not aware of it." Others, old school authors, whom I have consulted agree with him except Watson, (Vol. I., p. 629), who says: "If ever hydrophobia was cured, the credit is due to Belladonna." Most homœopathic writers on theory and practice, claim, as reliable, cases cured by Belladonna and Cedron.

Dissection, after death from hydrophobia, reveals no lesions adequate to cause death. In a case of a young man, examined by Dr. Gross, there was no lesion of the brain, nerve or spine; no signs of inflammation in the trachia or larynx. Others have observed the same conditions. But in other cases, where death was prolonged, the brain and pulmonary tissues have been found gorged with blood; the ventricles of brain full of dark serum; congested condition of the plexus chorides; signs of inflammation in the larynx, bronchi and trachia; also emphysematous condition of the lungs. Again, others have found signs of inflammation of the œsophagus, and of the mucous membrane of the stomach, or the stomach nearly filled with a thick, blackish fluid, like disorganized blood; and even collections of pus in the joints, and a reddish appearance of the pneumogastric and trisplanchnic nerves.

Yet all these appearances furnish very little to add to our real knowledge of the cause of death. They may all of them be the results of the phenomena, not causes; and these reports are so conflicting—scarcely two of them agreeing—that nothing is clearly proved by *post-mortems.* The treatment often from its very severity, might change the morbid appearances after death, so that they would not be reliable. Thus we gain very little from the pathological anatomy of the subject after death. The question as to where the poison impinges, to cause such fearfully fatal results—upon what tissue or tissues—through what means it carries on its processes—cannot be definitely answered. However, from the symptoms, the cause, and the progress of the disease, and upon general principles, we feel justified in assigning this affection as seated in the nervous centres. The medulla oblongata, the spinalis dorsis, with its pairs of nerves, the cerebellum, and even the cerebrum, with the nerves of special sense, all become deranged, and the whole economy finally succumbs.

The treatment of hydrophobia might be summed up in a few words, if only that which is really proved to be valuable, either as a prophylactic, or as a cure, should be mentioned. The records of medicine prove, that though the disease may generally be prevented, when taken in time, it has very rarely been cured.

Indeed, at the present day, no reliable physician, nor any school of medicine, holds forth any method of treatment as comparatively sure, after the preliminary symptoms have really begun. Even homœopathy, so far in advance of other methods of treatment, has very little to offer here which can afford hope to her patrons, when so grievously afflicted. There is no specific known for the cure of rabies.

The whole materia medica has been searched to find some agent curative in this disease. And all the most powerful drugs have been tried over and over again—singly, and in various combinations—as though there must be aid brought out of them, if found anywhere.

The vilest compounds have been prepared, in which scores of medicinal and non-medicinal, poisonous and harmless, sensible and ridiculous ingredients have been mixed. But those days have passed. In this as well as in others of the gravest maladies, quacks and charlatans have paraded their "*sure cures*" before the public, and each has had his day. Governments have interested themselves enough to pay large sums for some secret remedy with which some individual claimed to have performed numerous cures. Even at the present day many believe in the virtues of the "*mad stone*," but Dr. Mease examines their claims in the "Medical Museum," (Vol. V.,) and denies their having any virtue whatever. The dominant school of medicine have employed the most powerful drugs without any good results. Bleeding has been tried, even *ad deliquium animi.*

They have employed Calomel, Arsenic, Nitrate of silver, Camphor, Musk, Iron, Cantharides, Turpentine, Tobacco, Morphine, Hydrocyanic-acid, Strychnine, Opium, Chlorine, Bromine, Chloriform, galvanism, electricity, and one hundred and fifty other drugs. These, as well as tracheotomy have added their failures to the list.

Transfusion of blood from a healthy person has been tried. Injections of the most powerful drugs into the veins, and injections of water at 100° Fah., have both failed. The bite of a viper has been used as a remedy, and failed. Hydro-chlorine or Oxy-muriatic-acid has been reported as successfully used in hydrophobia. Marochetti, of Moscow, gave Genista-tinctoria (butcher's broom) and recommended the pricking and cauterizing of little pustules, which he said formed near the orifices of the submaxillary glands, between the third and ninth days after inoculation. Others have not found any such pustules. Scutellaria-laterfolia, (skull-cap,) has been much trusted as a remedy. Anagalla-arvensis (chickweed,) leaves of the box-tree, and verdigris, have each been renowned as great remedies, but failed when put to the test, though some of them may act as a preventive. Bromide of potassium has been reported lately by British and American physicians as having affected cures. It is a powerful agent, and may produce some reliable cures, if anything can.

In our materia medica we have one remedy, which in its pathogenesis is more nearly a specific for hydrophobia than any other. It is Belladonna. Hahnemann recommended it, and is said to have performed cures with it. It undoubtedly possesses properties as a preventive, and even in the last stages of the disease, if indicated by the symptoms, will do as well or better than anything else. Stramonium, Hyoscyamus, Cedron, Lobelia, Nux-vomica, Lachesis and Veratrum may also at times be indicated.

The preventive treatment is the only thing which promises success. Happily, surgery has something to offer here, which experience has tested. If the wound is excised within an hour after infliction, and Nitrate of silver applied to the cut surface, there is no danger of hydrophobia. Mr. Youatt, whose experience and success are without parallel, relies entirely upon Nitrate of silver, which he uses alone. He has never had its use followed by hydrophobia, in four hundred cases. But, perhaps, the excision *with* the cauterization is the best to be recommended. Let the wound then heal kindly. Some advise it to be kept open some time. At what time after being bitten it is no longer practicable to employ these preventive measures is undetermined. But the facts known upon the subject, evince the urgent necessity of adopting early preventive means.

If the wound is deep and among bones of the hands and feet, where it cannot be thoroughly excised, or touched with caustic, amputation should at once be performed. Caustic-potassa, and other caustics may be employed, in place of Nitrate of silver. After excising carefully the wound, wash long and thoroughly with clear water, and then apply either a fluid caustic, or the Nitrate of silver in stick. For the next two, and perhaps six months, take some preventive, as Belladonna, Bromide of potassium, or something as well recommended, and dismiss every fear of hydrophobia.

It is reported that the Chinese have a certain cure for this terrible disease. If such is the case the society should take measures to learn what the remedy is.

ARTICLE VII.—*Cases from Hausmann's "Causes and Conditions of Disease."* Translated by S. LILIENTHAL, M.D.

Mercurius-corrosivus, (p. 30.)—In the chemical manufactory in Clemm, near Mannheim, several workmen are engaged in the manufacture of Merc.-corr. In the beginning they are suddenly attacked by a severe and stubborn eczema of the perspiring parts of the body, directly exposed to the fumes of the sublimate, namely face and hands.

If a blind shot, discharged in close proximity, hits an uncovered part of the body, all grains of powder not destroyed by the firing, are driven into the skin, and this quantity will be the larger the more imperfect the process of combustion was, or the coarser the grain. The single grains produce a slight inflammation in the skin, forming a red areola round them, but the inflammation never reaches that degree, to produce suppuration and elimination of the foreign bodies, and thus the powder heals up in the skin and remains there during life.

Years ago I had observed in the clinic of Prof. Hebra, of Vienna, that freckles were driven away by producing a kind of eczematous inflammation, caused by covering the affected parts with a strong solution of corrosive Mercury; now as the pigment of the freckles does not lie in the epidermis, but in the rete malpighii, it proves, that in the formation of eczema not only the epidermis is raised up by the fluid, but also the most superficial layer of cutis is thrown off, and I concluded, therefore, that the same remedy would show the same effect in a recent case, before the grains got firmly healed to the skin.

I used a solution of five grains to an ounce of water, and had it applied for one hour on the first day, but as the patient did not complain much of the burning, I applied it for several hours during the following four days, till on the fifth a smart eczema covered the affected side of the face. Stopping now with the corrosive, we already saw on the next day some vesicles drying up and others covered with a thin crust. After removal of such a crust, the grain of powder could be seen at its lower surface and the fresh epidermis under it; but this being still very tender, we waited another day, and then removed with a spatula all the crusts and scales, and with them a large quantity of the grains of powder. Only a few deeply penetrating grains were not raised up by the eczema, and remained, therefore, imbedded in the skin. All the others were pushed off from the corium, as they laid between the newly-formed epidermis and the old one, raised up. The remaining quantity of powder was so small, as to be only visible by close inspection, and the patient, perfectly satisfied, left the hospital.

Poisoning by Phosphorus.—Johanna K., thirty-five years old, weakly and pale in consequence of repeated metrorrhagias since her last confinement, and mentally sick for more than a year, scratched phosphorus off from about 800 matches, and mixing it with hot coffee, let it draw for about an hour. About four o'clock in the afternoon she drank the whole of it; half an hour afterwards she got much excited (sexually ?), sang and laughed, and then fell asleep. Next morning waking up with a feeling of great anxiety and nausea; the attending physician suspected the poisoning by the smell from the patient's mouth and ordered an emetic. Before she vomited paleness and collapsus increased; she fainted twice; the pulse could hardly be felt; the temperature sank to 34,6° C. The vomited matter was of a yellowish color and showed decidedly the smell of Phosphorus. A few thin passages followed the vomiting. Port-wine was ordered, a tablespoonful every hour with Selzer-water; for diet, beef-tea and light meals, which she relished. During the day, severe labor-like pains round the navel and in the back, during which the body lies hollow as in opisthotonos; towards evening delirium; patient thinks to have all her children around her, (temperature 36,7°; pulse 92; frequency of respiration, 36.) During the night she made two attempts to hang herself.

Feb. 26th. Colicky pains decreasing, but they get worse by pressure on the stomach or liver; the region of the stomach greatly bloated. Nausea with once vomiting; urine yellow with large sediment, but no albumen; temperature normal; does not feel so weak.

Feb. 27th. Light icteric color of the face; the tongue coated yellow. Patient complains of repeated feeling of hunger; towards evening light fever; (temperature 37,8° C.; pulse 108; respiration 42.) During the night uninterrupted sleep.

March 1st. She has a grayish-white firm stool. Tongue dry, coated brown; pains in the hypochondria the same; relaxation enormous; surring before the ears, faintishness, strong palpitations, pulsations in the epigastric region and in the second intercostal space; heart-sounds clear. Patient feels much troubled; wishes to have her stomach cut open; swallows great quantities of Selzer-water and wine; the night sleepless.

March 2d. Temperature 35,7°; pulse 118; respiration 40. Deep orange-yellow coloring of the skin; deep yellow sclerotica; an enlargement of the liver is not apparent. Stomach very tender to pressure; from time to time spontaneous pains, during which she screams and throws herself backwards.

March 3d. Great restlessness, so that the temperature can not be measured. Deliria mussitantia; passes fæces and urine involuntarily; the urine is dark-brown, contains the coloring matter of the bile, albumen; *urinary cylinders mixed with solitary fatty degenerated epithelia from the kidneys and larger cells of the characteristic forms of the epithelium of the bladder and the pelvis renalis.* Perfect relaxation; when the arms are raised up and let go again, they fall down as in paralysis.

March 4th. Passes stool without any color in bed; icteric color increases in depth; sopor fully established, with frequent screaming out. Pulse frequent, 136, very small, irregular.

March 5th. State the same; pulse cannot be counted any more; pupils very contracted; stertorous respiration during the night; she dies towards morning.

Post-mortem examination five hours after death. Three hours after death the lower extremities are already quite stiff. Deep orange color of all tissues; the adipose layer nearly gone, but still showing strongly icteric lobules; ecchymoses on pericardium, on the pleura of the ribs and especially on the pleura of the diaphragm; the heart in the diastole; both ventricles and auricles filled with a large quantity of fluid dark-cherry blood; the muscle of the heart pale yellow, relaxed, leaving streaks of fat on the scalpel during the section. The peritoneum shows ecchymoses everywhere, but especially on the mesenterium and diaphragm.

The liver in connexion with the stomach and duodenum, after being tied above the cardia and below the duodenum, was taken out; then the ductus choledochus dissected up to its entrance in the walls of the duodenum was carefully opened with scissors towards both sides. *The mucous membrane* "on the point of entrance in an extension back of about three lines appears puffy, villous and very pale. For the same space we find the ductus choledochus closed with a mucous clot of tough, semi-transparent, nearly albuminous quality, and extending in the aperture of the duodenum. But also upwards to the gall bladder the ductus shows not a vestige of icteric color or bile, containing rather a moderate quantity of mucus of nearly the same consistence as mentioned in the gut. The contents of the gall bladder flows out after opening, like the white of an egg, when we break it quickly, forming a continuous quivering transparent mass. In the ductus cysticus, hepaticus, as well as in the ramifications of the latter, we find the same colorless, transparent, thready mucus, which can be pressed out in drops from the openings of the finer bilious canals. On the mucous membrane of the gall bladder a white retiform precipitate."

Liver moderately enlarged. The surface appears intensely orange yellow by the alternation of red streaks and spots of a clayey color up to lemon yellow. The red spots are sunk in, giving to the surface of the liver a wrinkled appearance. Sections of the liver show the same difference of color, extensive clayish yellow soft parts surrounded by more resistent, blueish red, somewhat sunken streaks, reminding one of a fatty liver with beginning cirrhosis. The edge of the knife finds some resistance in cutting through, and is quickly covered with a layer of creamy fat.

The spleen large, firm, when cut through, dark-red with numerous perspicuous follicles. Kidneys large, swollen, capsules easily stripped off; cortical substance broad, brownish yellow; pyramids red.

In the stomach slimy masses with black points and streaks, and unusually firmly adherent to the mucous membrane. "The mucous coat grayish white, puffed, with very distinct sexagonal fields, whose edges puff out, and when cut through the whitish swollen glands are clearly seen.

In the duodenum the same, not icteric, mucous masses with black and red streaks; the mucous coat ecchymotic and puffed. In jejunum and ileum some slightly red mucus and some gray fæces, the surface and deeper layers show some blood streaks. The cœcum contains more of the consistent gray fæces; on the valvula bauhini clots and streaks of fresh blood; the valvula itself ecchymosed, but the mucous coat further on smooth and without color. Uterus large, containing yellowish slime in its cavity.

Microscopic Examination.—The muscles of the heart are full of grains of fat, although not confluent yet into larger drops: The structure of the muscles yet preserved.

The glands of the stomach, examined in their fresh state or in section of the dried part of the mucous coat, show the contents of their cells compact, granulated, partly with grains of fat; an increase of nuclei could not be demonstrated; a similar state was found in the glands of the duodenum; the fatty degeneration of the cells was most numerous in the glands, where the ductus choledochus enters.

The kidneys were examined in their fresh state and in preparation by chromic acid; a large swelling and fatty degeneration of the epithelium of the winding urinary canals and of the malpighian capsules could easily be recognized; in the canals some granular bilious pigment.

The large quantity of fat in the liver was a great impediment to getting good plain sections. Some cells were enormously full of very large drops of fat, but the cells themselves were not yet destroyed: for after treating it repeatedly with hot ether in order to extract as much as possible of the fat, the cells showed their membrane well preserved, with the nucleus plainly visible. In numerous cells of the liver brownish bilious pigment was found; amorphous in larger or smaller grains, or diffusely coloring the whole cell a yellowish brown. The pigment showed itself the most in the centres of the lobules. "The red spots and streaks consisted of a newly-formed substance, very granular, but not striated. The grains were most densely grouped round the rami of the vena portarum and stretched themselves out in beautiful retiform trains between the larger and smaller parts of the proper substance of the liver and penetrated it even in streaks, forming a clear interstitium between groups of a few often solitary cells."

The colorless, transparent contents of the gall bladder, of the ductus choledochus, cysticus and hepatici, showed mucous reaction and on parts, well formed, only cylinder epithelium. This appeared mostly in connected lamina. The contents appeared strongly granulated, containing fatty granules, but in moderate quantity; only one nucleus was always found. (Dr. L. Meyer, *Virchow's Archiv*, 33, p. 296.)

2. A tailor, twenty-one years old, scraped the phosphor off from three packs of matches, swallowed it in water, and died forty-eight hours afterwards with vomiting and severe pains in the stomach. Sensorium clear up to a few moments before death. *Post-mortem* examination: the membranes of the brain injected with dark blood, on its base two ounces of fluid dark blood; lungs adherent on both sides, in the right upper lobe a jelly like exudation, about the size of the hand; both lungs softened, pinkish and full of black blood; ventricles of the heart full of coagulated and fluid blood, its walls of a pinkish color; blood-vessels full of coagulated dark blood; stomach and colon adhered to the peritoneum in such a degree, that it was impossible to separate them with the knife; the coats of the stomach bloody red, attenuated and in some places perforated; liver nearly destitute of blood and pale; spleen full of blood; gall bladder empty; both kidneys of a bluish color, inflamed, full of blood; urinary bladder empty. (Horner, in *Klinik.*)

3. A patient, suffering from mental alienation and icteric in the highest degree, died in the hospital a few hours after entering it. Although every clue to an anamnesis was wanting, the dissection proved clearly a poisoning by Phosphorus. She poisoned herself most probably six or seven days before death, as boxes of matches were found at her house, from the points of which the Phosphorus had been carefully removed and icterus had existed since five days. The stomach and bowels were full of pitch-like decomposed blood; the heart, kidneys and liver in a state of fatty degeneration. The gall bladder appeared sunken and contained a small quantity of tough, dark grayish striated, half transparent mucus. The junction of the ductus choledochus closed up by vitreous mucus, but this duct, as also the ductus cysticus and hepaticus, the ramifications of the latter, as far as they could be followed with fine scissors, showed not a vestige of bile, but were filled with semi-transparent mucus. The mucous membrane of the bilious ducts did not show any remarkable change, the mucus contained only cylinder epithelium, mostly yet in coherent

simple layers. The single lobules of the liver appear distinctly marked by the difference of colors in the particular zones. Each showed clearly the brown-yellow or brownish-green centre, then the whitish yellow lobule and its pale-red or bluish circumference, the latter somewhat retracted below the niveau; although this could only be seen where particular reddish spots, of the size of lentils, were yet in continuity with the surface, more rarely on sections. Seen with the mere eye even, the liver-cells from the middle parts of the lobules were very bilious, of a brownish or greenish color and containing many granular precipitates. In the circumference of the lobules a fine green streak was frequently seen, and sections of such places showed in profile channels of bilious color, lined with greenish plaster epithelium. These channels, filled with bile, had a diameter of $\frac{1}{60}$ to $\frac{1}{100}$ of a line and were always found in the proliferent cellular tissue. The bile, so freely secreted in the liver-cells, was clearly demonstrated in this case in the finest bilious channels; between them and the larger ones we have to look therefore for the cause of obstruction; and the place of this obstruction is also the seat of an inflammatory process, producing a copious throwing out of connecting tissue, or in other words, *the obstruction and the icterus are emanations of a diffuse hepatitis, caused by the phosphor poisoning.*

Lead Poisoning.—S., showed for several years symptoms of hypochondria, increasing since the last few weeks or months and dispelled only by quick and energetic diversion to other things; he complained also since that time of transitory loss of memory, so that he could not recollect the words he needed; he is inclined to be sleepy, with dullness of the head, especially when his bowels were confined for several days. The color of his skin is also remarked to have grown paler.

As I had treated him a year ago for an acute attack of colic, he sent for me again, to free him from headache, which tormented him for several days and kept increasing. I found him walking the room, supporting the occiput with one or the other hand, and then sitting down on the settee, to close the eyes and doze a little.

The pain was seated in the occiput and extended itself to the ears and temples; was dull, pressing, continuous, *but he* *was only unconscious of the pain during sleep.* The whole head felt heavy and clouded; to think or to speak was an effort, his eyelids felt tired, his sight dull and veiled with diplopia. The inspection of the eyes showed nothing anomalous; the scalp was not sensitive to pressure, no increase of temperature nor any swelling of the bones could be found. The respiration was slow and languid, during the expiration; which was attended by blowing murmurs, the weakened action of the buccinator-muscles was remarkable. In the nose and fauces a whizzing noise was heard, as if the nostrils were stuffed up, or as if the velum palati hung down too much, but neither was the case.

The first sound on the apex of the heart was sharp and metallic, the pulse slow, hard, tense, 56–60 beats in the minute. The appetite, which had been good till then was missing; the taste pappy, tongue and gums with a slimy covering, the abdomen hard and tense, constipation for a few days. The inclination to urinate was so rare, that he could keep it back for 19 hours; small in quantity with hardly any change in color. The skin felt normal and showed a pale color.

Suddenly there appeared on the 28th of July redness and heat of the face and the scalp, when at the same time the skin of the body and of the extremities was cold and covered with cold perspiration. The arms and legs were spasmodically contracted; gnashing of teeth, so that the dorsal surfaces of both hands rested on the mammary region of the chest and remained thus for a quarter of an hour; the contraction passed off only by degrees in a state of relaxation, so that both hands and arms remained lifeless by his side. After a few hours motion returned and automatic movements were now frequently made with the left hand to the occiput.

The father-in-law of the patient was accidentally present during the spasmodic attack, and related to me, what he had observed himself and had been told also by his daughter, that our patient was in the habit for several years, of painting several times a day his hair, which began to turn gray in several places, with a plate of lead, blackened by a light, and had thus given his hair a darker shade; and also that he used to cover his head and neck at night with a woolen shawl, so that only the smallest part of the face remained free, most probably to keep the bed-linen from getting soiled.

An inspection of the head showed, that no hair was growing on the forehead, and that the long hairs, brought forward from the occiput and the temples, kept hidden on the scalp a blackish dust, which was removed with a comb, to be chemically examined. A particular examination of the gums showed, after the removal of tough white mucus, which covered teeth and gums, the well-known slate-blue streak of about a line in width.

The plate, when shown to us, was the cover of a snuff-box, having a handle in the middle. On its surface were some porous places and furrows, filled with black dust, and of a greasy feel. The chemical examination proved the plate to be of lead; the black dirt, removed from the head, contained fat and coal and traces of *Sulphite of lead* but no other salts of lead.

On the fifth of August a new aggravation came on, the coma was deeper; he lay motionless with deep snoring respiration, interrupted by frequent sighing and moaning; no external impression acted upon him any more, the pupils somewhat enlarged; urine and fæces were passed involuntarily, off and on, some gnashing of teeth. After a while the right upper and lower extremity were spasmodically flexed and the automatic motions of the left hand towards the occiput increased in frequency.

On the 10th of August it was impossible, to give him any drink, as everything ran out again from the mouth. The involuntary evacuations were followed by constipation, although the urine kept dribbling away. Several times a general perspiration broke out; the heart began to beat irregularly and its pulsations were more frequent and weaker, till he expired on the 13th of August.

The *post-mortem* examination of the cavity of the head showed the following results: The cranial bones were full of blood, the dura mater did not adhere to them; the veins of the dura mater full of blood. The substance of the brain full of blood, soft, fragile, without any watery extravasation in the ventricles. In the left hemisphere on the base of the middle lobe an alteration of tissues was found, which seemed to originate according to external appearances from a pseudoformation, especially as a considerable enlargement was present. A comparison with the other hemisphere showed the left one projecting considerably, the yellow color was plainly visible in comparison with the surrounding color; a few dark-colored spots showed themselves also in the same neighborhood, similar in consistency to the brain, whereas the projecting yellow spots felt soft, with hardly any resistance to the pressure of the finger. The circumference of the whole diseased mass was about the size of a hen's egg.

A strict examination of this mass, after isolating it from its sound-appearing environs, showed that it was circumscript, containing four clots, the largest of the size of a walnut, the smallest of the size of a bean; which did not communicate one with another, but were divided off by sound brain substance, containing again three small apoplectic extravasations of recent origin. A distinct mark between sound and diseased brain could not be found, rather one passed into the other, as color and consistency showed all the different shades from the centre to the periphery. The substance of the brain in the centre of the places in question was of a dirty yellow, moist jelly-like and very soft; when cutting it through a soft fluid yellow mass adhered to the knife. *Nowhere did an injection show itself in the diseased mass* or its surroundings, or any redness whatever, with the exceptions of the blood extravasations mentioned above. The softened part showed no different anatomical character in relation to the gray or white substance of the brain.

Any obliteration or change in the surrounding blood-vessels or on the base of the cranium could not be perceived. Examining microscopically this yellow fluid we found:

Numerous formations of globules enclosed partly in their inside one or several nuclei; on one place a few puffed up blood-cells with indented contours, *round cells with a distinct nucleus and fat-drops in their periphery*, also fatty globules in the evirons of the cells; *vessels were nowhere visible;* of nervous elements we saw only remnants either from varicose primitive tubes or from ganglionic cells.

The chemical examination gave the following result:

The dirt was extracted, to remove all fat, and the extract gave after burning no residue of lead. The black residue was washed out with Acetic-acid, and then with diluted Muriatic-acid, but in neither case was any lead found. By treating it with concentrated hot Muriatic-acid, a part of it dissolved, and a piece of paper, wetted with a solution of sugar of lead, turned black, indicating an evolution of sulphureted hydrogen. The remaining black powder was only coal, as it burned itself out during the heating.

This solution with Muriatic-acid showed reaction on Chromate of potash, on Sulphuric-acid and on Sulphureted-hydrogen, it contained therefore lead in the form of the sulphite.

The gums and the brain were carefully charred, the coal extracted with diluted Nitric-acid, the solution then evaporated to dryness, the residue washed with water; after which the above-named reagentia proved clearly the presence of lead. (Dr. L. Schotten in *Virch. Arch.* 18. 178.)

Women, who work by rubbing lead types, suffer not only frequently from lead-colic, but then and for a long time afterwards also from metrorrhagia and if pregnant, they are certain to miscarry sooner or later. (Const. Paul, Considerations sur certaines Maladies Saturnines.)

For experiments on lead-poisoning I choose the P 6, OSO 3, because it is with difficulty soluble in water and we may therefore suppose a slow resorption. I gave to the animals only small doses, in order to produce thus, if possible, a state of chronic intoxication, for the worthlessness of a great number of experiments is frequently caused by giving very soluble lead-salts in doses, which kill in the shortest time. Four strong rabbits received daily with their food 4 grammes P6, OSO 3.

No. 1 died on the twentieth day, emaciating visibly from day to day, with trembling of the extremities without symptoms of paralysis. The section showed nothing abnormal with the exception of great paleness and emaciation of the muscles and the absence of all fatty layers.

n the urine, taken from the bladder of the dead animal —no lead. In brain and spinal marrow—no lead. *Muscles* (of the belly, back and extremities) *revealed some traces of lead* by treatment with the blow-pipe.—*liver: lead clearly demonstrated*—no copper—*bones* (pelvis and the four extremities,) *the lead quantitatively determined.* 0,0051 gramm. Pb.

No. 2 died on the twenty-third day with spasmodic symptoms. Brain and spinal marrow traces of lead;—muscles: 0,01 gramm., lead, no other metal could be proved.—liver: many fine scales of lead by the blow-pipe.—bones: 0,0037 gr. Pb.

No. 3 died on the same day. Brain and spinal marrow no lead.—muscles, a great deal of metallic lead by the blow-pipe—bones contained quantities of lead.—liver; small, but distinct quantities of lead, the precipitate contained also some copper.—Kidney's of No. 2 and 3 much lead, although the urine showed none.

No 4 was killed by opening the carotids. It showed in the last few days a tottering, trembling gait.—Muscles: the electrolytic precipitate weighed 0,02 grammes. By the blow-pipe so much lead was found, that fine scales could be taken up by the pincette. Brain and spinal marrow: no lead.—liver: not much metallic lead.—bones: a great deal of metallic lead.—bowels and stomach, well washed out, gave proportionally such a large quantity of lead, that we were afraid, it might be impossible, to remove from the follicles the mechanically adherent lead.—31,5 grammes of blood gave only a very little metallic lead.

Other experiments on dogs and rabbits gave nearly the same results and we may therefore come to the following conclusions:

The constant and preponderating appearance of the lead in the muscles is striking in all experiments mentioned above. *This positive result is of more consequence yet in comparison with the negative result in relation to the central parts of the nervous system,* where lead was not found at all or only in traces. We may conclude therefore, that the paralysis in lead-diseases can only be produced by a morbidity of the muscular substance, namely, that the muscles have lost their faculty to react by contraction to the impulse of the motoric nerves. That the muscles fell sick primarily, was clearly evidenced by the peculiar conduct of the muscles paralyzed by lead, when acted upon by the electric stream, where, as Duchenne has first observed, the electro-muscular contractility gets early lost, even when they yet respond to motion to an energetic impulse of the will. Tanquerel mentions also in his analysis of the symptoms of lead-poisoning, that on the part of the cerebro spinal centres we cannot find any phenomena, whereby these parts could be taken as the starting points for the paralysis, and he was frequently astonished to find *that muscles were paralyzed, whose nerve supplied also others, which were not paralyzed.*

Although only a small quantity of lead was found in the blood, yet this suffices to show, that this is the means of its propagation. During the rapid changes, which blood is subject to during the circulation, it would be impossible, to find it in larger quantities, as we did in case 4; and it is an old dogma, that its excretion from the organism is done through the bile and the urine, which our experiments prove to be so by the large quantities, which we found in the liver and the kidneys.

Equally remarkable is also *the regular appearance of considerable quantities of lead in the bones;* and this symptom gains in importance, when we recollect, how often in minerals the lime is represented by lead. Although it is impossible to prove by ocular demonstration, that in the bone so many parts of lime are represented by the lead, yet so much we know, that the lead deposits itself in the organism exactly there, where the lime is deposited, and we may therefore come to the conclusion, that lead shows the same affinity as chalk; why? we know not; but this we know, that there is a difference, namely, when instead of lime, lead enters the bones: or in other words, when the renovation of the bones after their loss they do not receive $Ca. [^{Cl}_{F}. + 3 (3\ Ca.6, P6^{5},)$ i. e., Apatite, $P6 [^{Cl}_{F}. + 3 (3\ P66, P6^{5})$ i. e., Pyromorphite, we cannot have healthy bone, but a morbid tissue of the bones.

Hydrothionic-Acid.—The workmen in a chemical manufactory, had used spring-water for drinking, containing hydrothionic-acid. With gradual weakness of the extremities, with the feeling of general malaise and loss of appetite they complained of a troublesome pressure in the stomach, getting really painful by degrees with vomiting of the food taken. Some complained also of a troublesome feeling of the skin, till from 4–10 days after the appearance of the stomach-symptoms the following affection of the skin showed itself: Tubercular swellings in the face, on the neck, on the hands, more rarely on the chest, adopting either the character of the common feruncle or suppurating, inasmuch as the tubercles on their apex began to moisten and to cover themselves with knobby unclean scab. The scabs fall off and renew themselves without any pain. On the lips and on the forehead in the region of the eyes the ulcers get to the size of a large hazelnut or walnut. As soon as the exanthem appeared, the pains in the stomach ceased and the appetite was restored. Some suffered also from heaviness of the head and vertigo.

(TO BE CONTINUED.)

ARTICLE VIII.—*Diphtheritis.* By Dr. HIRSCH, of Prague. Translated from the Klinik by S. LILIENTHAL, M.D.

THE diphtheritic process is a specific affection, showing with a peculiar deficiency of a strong reaction, corresponding to acute inflammation, a tendency to destruction and dissolution of the mucous tissues. Children are mostly affected, yet we find adults also attacked with it, especially after nursing persons suffering from this disease; we, therefore, cannot deny its contagious character. Manifold experience shows its origin from miasmatic influences, especially when rough weather prevails in Autumn, and sudden changes in the temperature with a moist state of the atmosphere favor the development of this disease. The diphtheritic contagion develops itself only at the height of the disease, and this may be the reason why so many children escape it, when the patients are from the beginning under homœopathic treatment.—It is of the utmost importance to recognize the disease from the start, as loss of time increases the danger.—Diphtheritis and croup, two heterogeneous, diametrically opposed diseases, of which the first tends steadily to necrosis of the affected parts, and the latter to plastic exudations, must certainly be curable only by different methods. General malaise with light fever precede for a few days the diphtheritic process; then difficulty of swallowing is complained of, which grown-up children speak of as a sore feeling in the fauces. On inspection we find the mucous membrane reddened with spots of a pearly or grayish white, which increase for the next twenty-four hours and then frequently run together, especially about the tonsils; the mucous membrane, not yet covered by exudations, takes on a more livid redness; the lymphatic glands round the neck swell up. A few days more suffice, if the true remedies were not applied, to cover the whole mucous membrane of the fauces with a uniform pseudo membrane, either continuous or closely lying together, sometimes thin and nearly transparent, more usually thick and of tough consistency; even its color changes now to to a deeper gray or brown. During a favorable course, these plagues are pushed off in larger or smaller pieces, and the underlying mucous membrane appears intensely red, with a tendency to cover itself with a thinner membrane, which, after falling off, leaves the mucous membrane of its normal color and condition. On the back of the tongue, and especially on its root, we observe also a thin whitish layer, through which the points of the swollen and inflamed papillæ project as red points. Should the diphtheritic process progress towards the nasal cavities, we will then find painful excoriations of the nasal mucous membrane, and a discharge of an acrid corroding fluid from the nose, preventing the free passage of the air. When diphtheritis spreads to the mucous membrane of the larynx, hoarseness and even aphonia appears; a hoarse, hollow, rough and dry cough is added to it, which, after getting moist, shows copious mucous masses collected in the larynx, without the power to expectorate them. During the paroxysm of moist coughing, the patient seems in danger of suffocating, so that the family frequently request the physician to order an emetic, but emesis does more harm than good in this case. The breathing of the child, which can be best observed during sleep, gives a covered, somewhat hoarse sound, far different from the breathing of a child affected with croup, inasmuch as the inspirations are not so whistling, shrill and hoarse, and the difficulty of breathing, except during the attack of coughing, does not reach so high a degree, but the frequency of respirations surpasses the normal—about twenty-six inspirations to the minute, by six to eight. The peculiar fœtid smell of the breath I have only witnessed in two neglected cases of faucial diphtheritis, and the reason of it is, that under homœopathic treatment the necrosis of the mucous tissues is prevented, as also the contagiosity of this disease, which only prevails on the height of the diphtheritic process; a stage, which this disease should never reach, if taken hold of rightly from its very beginning. This acme is also the time, where the fungus, belonging to the family leptomitus, forms itself from the diseased necrotic mucous membrane. Pathological anatomy has shown a peculiar habitus on the exudations where the fungi are seated, consisting in a discoloration, so that the membrane looks dirty yellow, faded, corroded, and as if gnawed to pieces. Thus we see from the decay of the animal cell arises the vegetable cell, and the sporula of the fungus may be pointed out, under certain circumstances, as the bearer of the contagium. All this will justify our opinion, that diphtheritis is only contagious in its highest development, *i. e.*, by the formation of fungus, whereof the sporula are taken up during inspiration from the breath of the patient; although it cannot be denied, that the depressing influence of the disease, the mental anxiety, the wear and tear of a constitution from incessant watching, prepares the body to take up the disease.

The fever is usually very moderate, and general debility stares us frequently in the face from the very beginning. The secretion of saliva is frequently increased, and many patients complain of ear-ache. In three cases of faucial diphtheritis, extending to the third week, the power of swallowing remained weakened for a few days, caused by a paretic state of the motor apparatus. The paretic and paralytic states of the upper and lower extremities do not belong to the disease *per se*, but are rather to be ascribed to the abuse of the Lunar-caustic, for even a superficial view of the provings of Argentum-nitricum suffices for the truth of my remark.

Therapy.—All mineral acids stand in close relationship to the diphtheritic process, but the combinations of these acids with alkaline or metallic bases have also been used with benefit. Thus allopathy has used with benefit the Nitrate of Silver, the Chlorate of Potash, the Borate of Sodium and Chromic-acid in the Bichromate of Potash. And the Arsenious-acid is one of our chief weapons, when necrosis of the mucous tissues has taken place. Lachesis also has saved the life of two of my patients, and it gave me the opportunity to observe, that the effect of this remedy is sometimes remarkably quick; for in less than twenty-four hours a change for the better had taken place. *Acidum-nitricum*, in the 2d or 3d dilution, 3 to 4 drops in a tumbler half full of water, two teaspoonfuls every hour or two, is indicated where *yellowish white or gray spots are seen on the fauces and on the adjoining buccal mucous membrane;* the spots frequently extend, and after running together, show a lustreless pseudo membrane of a dirty mother-of-pearl color. Swallowing is very difficult, and where the larynx is attacked, we find hoarseness with the cough. Desire to drink, but every attempt increases the pain; the lips pale, sometimes somewhat bloated, and from their edges flows a tough saliva. Wherever there is a suspicion of hereditary syphilis, this would be another indication for the use of this remedy.

Acidum-sulphuricum has in reality more relationship to aphthæ, than to the diphtheritic process. The complex of symptoms shows here, that children already suffer for a few days before from aphthæ; but they are not only found in the buccal cavity, but they stud the whole fauces also. Hoarseness with cough, getting looser by degrees, is now added; paroxysms of suffocation, whereby loose pieces of a membrane move up and down, threaten the child, whereby it tries to expectorate if it could only get breath enough to do it. During such an attack, lasting usually one or two minutes, the child got blue in the face, the eyes appeared sunken, and the child let its head fall backwards, as if it had succumbed to the attack of suffocation. After the paroxysm, which the parents tried to shorten by shaking the child, it cried hoarsely, fell in a slumber, whereby the troublesome, thick, slimy rattling, especially in the larynx, could be heard. Acid-sulph. 3, a teaspoonful every three to four hours, removed all danger quickly; the paroxysms paused for a greater length of time, got weaker, and after twenty-four hours every vestige of the loosened mass was entirely gone.

Kali-bichrom.: The diseased state is similar, but is based on a more deeply penetrating diphtheritic process, beginning in the fauces and spreading from there to the larynx. A characteristic indication for this remedy is the *increased redness of the sound places of the mucous membranes of the mouth and fauces with heightened sensitiveness:* whereas Nitric-acid is more indicated for a paleness, bordering on a livid, of the mucous membranes, not yet attacked by the diphtheritic process, and the mouth and fauces may still be examined with ease; the bichromate is also indicated in the diphtheritis of the larynx, when we have hoarseness with rough and dry cough in the beginning, but getting looser after a few hours, producing through these loose masses paroxysms of suffocation. Here this remedy is perfectly specific for this complex of symptoms; only amendment comes gradually, for the mucous membranes are here deeply affected. I use the sixth dilution, three to four drops in a tumbler half full of water, two teaspoonfuls every three to four hours.

Lachesis has a peculiar, characteristic complex of symptoms: the objective symptoms play a subordinate part, and the subjective ones the chief part; the aphthous ulcers of the fauces are neither numerous nor extended; but *the sensibility in the affected parts is greatly increased, and their motility essentially diminished.* I treated two children, one eight years of age, the other twelve, where the girl showed only three whitish gray aphthous spots, and the boy only four, with no swelling either on the soft palate or on the tonsils; and still swallowing was extremely difficult and painful. The rear wall of the fauces, where in both two diphtheritic spots were visible, appeared dry and without lustre, as also the tonsils and the soft palate. The secretion of saliva was only somewhat increased with the boy, who complained of burning and stitching pains in the throat, extending up to the ears. Both children complained of a sensation as if there were a swelling, a foreign body in the throat; especially far back they felt the difficulty of swallowing, and at every trial to swallow or to expectorate they suffered from paroxysms of suffocation. The voice was veiled and somewhat hoarse; the cough, which they tried to suppress on account of the pain, was short and hacking, with a croaking sound. In both cases, what is not often found, the children were feverish, and I lost time by giving them first Aconite in alternation with Merc.-sol. and then the Bichromate; and only the total failure of these remedies with the increasing painfulness led me to the study of Lachesis, which I ordered in the 9th dilution, two teaspoonfuls every three to four hours. The success surpassed all my expectation, for in less than twenty-four hours the whole scene had changed for the better. The children slept well during the night, and in the morning all painful sensations were gone; they swallowed easily, only the diphtheritic spots remained the same, although even there the reddish circle around them had gone. Only after four to six days the necrosed membranous layers peeled off, showing underneath perfectly normal mucous membrane. Lachesis was given steadily in somewhat lengthened intervals, and it took a whole week to remove entirely the objective symptoms.

ARTICLE IX.—*Surgical Cases successfully treated with Homœopathic Remedies.* By John Hornby, M.D., of Poughkeepsie, N.-Y.

IN presenting the following cases for publication in this JOURNAL, the author is actuated by a desire to acquaint its readers with the results of his treatment of some surgical cases with homœopathic remedies, of a class that have heretofore been subjected to the amputating knife, through impossibility of cure by old school treatment, and to point to his junior medical brethren, the commendable and hopeful practice of first subjecting similar cases to an exhaustive homœopathic treatment, in preference to an operation which if ultimately necessary, will be attended with success to the operator and a mitigation of much suffering to the patient.

CASE 1st. *Necrosis Metatarsi.*—On the 12th of May, 1853, I was consulted by the subject of this report for the treatment of an ulcer on his right foot, which he said he had failed to get cured for the last two years.

The history of the case is as follows: He is about thirty years of age; has had general good health; is of temperate habits; is by trade a carpenter. Over two years ago, while engaged in erecting a frame building, he inflicted a blow with a heavy hammer on the upper joint of his right toe, which made him faint and sick at the stomach. He had to relinquish work and be conveyed home, being unable to walk from pain and swelling of his foot and limb. The pain and swelling increased very much, unchecked by medical treatment; and after some time an ulcer opened on the spot where he received the blow, and discharged very bad matter. The ulcer, he said, had baffled all attempts to heal it, and grew worse lately, so much so that his medical advisers, after much and varied medical and surgical treatment, despairing of success, were urging the necessity of immediate amputation: but he had, by the advice of his friends, decided to try homœopathic treatment before submitting to an operation.

The patient presented a wasted and sickly appearance; was of middle stature; light complexion and nervous temperament. His right leg and foot were enormously swollen, rendering motion very painful and difficult, and resembling an "elephant leg." It was of a scarlet color on the thigh, gradually deepening to purple as it approached the ulcer; which looked like a burned hole on the joint of the big toe of the right foot, exhibiting about one inch and a half of the metatarsal bone, of a dark brown color, also the articulation of the big toe, and discharged an ichor of a very offensive odor. His general health was much reduced, and his appetite impaired from confinement and the use of narcotics to soothe the pain in his limb.

May 12th, 1853.—Arnica tincture, *ten* drops in a pint of clarified rain water was applied through a piece of old linen, spread all over the limb for half an hour at a time, and repeated every six hours, he taking every morning, fasting, three globules of the fifteenth potency of Arnica-montana. Diet, light and nutritious.

May 16th.—He returned with the limb looking considerably better; the inflammation much reduced, and the pain and distress abated. He is able to move the limb with much more ease, it not feeling so heavy as it did before. The ulcer has not altered in any way, discharging its usual fœtid ichor.

The Arnica application was ordered to be made night and morning, and one tablespoonful of the following mixture to be taken every morning, fasting: Mercurius-corrosivus, one grain of the sixth decimal trituration in eight ounces of clarified rain water. Diet as before.

May 26th.—Since last report he has felt great pain in his limb, with slight fever for a day or two, after commencing the Mercurius, followed by amelioration of all symptoms. The size of the limb is much diminished; the inflammation and discoloration fast disappearing.

Decided to continue the Mercurius-corrosivus every other morning, and the Arnica lotion night and morning. Diet light.

June 7th.—The limb looks better. The ulcer shows healthy granulations forming. The sequestrum or diseased portion of the bone is sloughing off, and the end of the healthy portion throwing out lymph and granulations. The scarlet and purple appearance of the skin has disappeared, leaving a flush in the skin over the instep. He can now bear pressure on the foot; sleeps better, and has an improving appetite. The Mercurius-corrosivus was continued as before, and the Arnica lotion applied only once a day. Diet nutritious.

June 11th.—The swelling in the limb and foot has disappeared; the redness continues over the instep; the ulcer is filling, and the reformation of healthy bone progressing. His general health is much improved; sleeps well, and has a good appetite. Three globules of the thirtieth decimal potency of Belladonna were given every other morning, fasting and the lotion omitted.

July 7th.—Has improved very much since last report; the ulcer is filling up; the redness over the instep nearly dispersed. Belladonna, and diet as before.

August 5th.—The ulcer is looking well, has discharged fœtid ichor for some days; he has been using the limb more than usual. Carbo-vegetabilis *one* grain of the fifteenth decimal potency in eight ounces of clarified rain water, one tablespoonful to be taken every morning, fasting.

September 7th.—Continues to improve; the fœtid discharges have abated; has taken the Carbo-vegetabilis up to the present time, which is to be discontinued.

September 23d.—Continues to improve in his general health and personal appearance. The ulcer looks healthy, but appears stationary, not having advanced since last report.

Treatment.—Three globules of the third decimal potency of Phosphoric-acid, taken every morning, fasting. Diet invigorating.

October 19th.—The ulcer looks a little fuller, but in all other respects the case remains the same as at last report. Medicine discontinued.

November 3d.—Slight improvement in the ulcer and return of occasional fœtid discharges. Three globules of the fifteenth decimal potency of Carbo-vegetabilis every morning.

December 13th.—Has improved a good deal; the ulcer is filling slowly, and looks clear and healthy; his general health is very much better; has a ring of herpes circinatus broken out on the thigh of the diseased limb, causing him great discomfort. Gave three globules of the thirtieth potency (decimal) of Sepia-succus every other morning.

January 4th, 1854.—The ulcer is filling up slowly; the ring-worm continues the same. Ordered to take one tablespoonful every morning, fasting, of the following: Sepia, one grain of the thirtieth decimal potency in eight ounces of clarified rain water.

February 14th.—The ulcer is filling up fast; the ring-worm from being stationary on the thigh of the diseased limb has spread all over it, causing much discomfort; general health good. Sulphur one grain of the thirtieth decimal potency in eight ounces of clarified rain water, one tablespoonful every morning, fasting. Diet invigorating.

March 16th.—Has continued the use of the Sulphur up to the present time. The ring-worm spread gradually all over the diseased limb, and up the back of his body, stopping at the nape of the neck. It caused him great discomfort from its burning character, hindering sleep at times, but notwithstanding it he has had better appetite and has improved in health and strength. The ulcer has healed entirely, leaving a blush on the spot where it existed, from the pressing of his boot. Since the healing of the ulcer the ring-worm has disappeared and leaves him as he now reports himself, as well in health and strength as he had been for years before his misfortune. He expresses himself as very grateful for his cure and the rescue of his limb from amputation.

Remarks by the Author.—It will be perceived on studying the above case, that Arnica was homœopathic to that part of its condition resulting from the blow and shock to the nervous system; which having exhausted its curative power, the case remained in its secondary condition caused by mortification of the metatarsal bone. It will be perceived also that immediately after administering Mercurius-corrosivus, the necrosed bone took on a curative action, which continued until its cure was complete.

In consulting our materia medica no indication is found in the article Mercurius-corrosivus, for the treatment of necrosed bones. It must therefore be explained that its use was pointed to, by previous clinical experience in the East Indies; where the author's frequent observation of the destructive effects on human bone by the excessive use of this salt, led him to its curative results by its previously observed pathogenetic effects.

Further, it is observable that after restoration of the diseased bone the ulcer remained stationary and was accompanied by herpes circinatus; by the cure of which with Sepia and Sulphur it ultimately healed, and a perfect restoration effected of a limb which about ten months previous had been judged necessary to be amputated.

(TO BE CONTINUED.)

ARTICLE X.—*Medico-Legal Diagnosis of Insanity.—Duties of Physicians before Commissions of Lunacy.* By F. W. HUNT, M.D., of New-York.

(Continued from page 584. Vol. XVI. No. 64.)

I GIVE a brief analysis of the principles presented and partially settled in one more English case, in which some wisdom was displayed and some errors committed by the medical witnesses.

Case of Robert Pate.—This gentleman, who had lately sold his commission in the 10th Hussars, and was residing as a man of easy fortune in London, on July 27th, 1849, suddenly struck Queen Victoria a violent blow on the forehead with his cane. The blood flowed from the injury; the perpetrator was arrested, but could give no account of his conduct, or any reason for it.

On being arraigned, on the 12th of July, at the Old Bailey, the defence set up for him was simply "uncontrollable impulse." The indictment (under Statute 5 and 6, Victoria, C. 51, § 2.) charged him with striking the Queen "with an offensive weapon—that is a stick," with intent (1) to injure her person; (2) to alarm her; (3) to break the public peace.

Physicians were called to explain the prisoner's conduct. One thought the man had acted under "some strange, sudden impulse, which he was quite unable to control;" another was confident the prisoner was insane.

The judge, (Baron Alderson) disregarding the opinions of the medical witnesses, instructed the jury that the prisoner's guilt had been made out on the first and third counts of the indictment. He thus summed up the principles by which they should be governed:

"The law throws on the prisoner the *onus* of proving that, at the time the offence was committed, he was in an unsound state of mind; and you will have to say, after hearing my explanation of the law, whether this has been made out to your satisfaction. In the first place, you must clearly understand that it is not because a man is insane that he is unpunishable: and I must say that *upon this point there exists a very grievous delusion in the minds of medical men.* The only insanity which excuses a man for his acts is that species of delusion which conduced to, and drove him to commit *the act, alleged against him.* If, for instance, a man, being under the delusion that another man would kill him, killed that other for, as he supposed, his own protection, he would be unpunishable for such an act; because it would appear that the act was done under the delusion that he could not protect himself in any other manner; and, there the particular description of insanity conduced to the offence. But, on the other hand, if a man has a delusion that his head is made of glass, that will be no excuse for his killing a man. He would know very well that, although his head were made of glass, that was no reason why he should kill another man, and that it was a wrong act; and he would be properly subjected to punishment for that act. These are the principles which ought to govern the decision of juries in such cases. They ought to have clear proof of a formed disease existing before the act was committed, and which made the person accused incapable of knowing, at the time he did the act, that it was a wrong act for him to do. This is the rule which I shall direct you to be governed by. Try the case by this test. Did this unfortunate gentleman know, at the time, that it was wrong to strike the Queen on the forehead? Now, there is no doubt that he was very eccentric in his conduct; but did that eccentricity disable him from judging whether it was right or wrong to strike the Queen? Is *eccentricity* to excuse a man for any crime he may afterwards commit? The prisoner is proved to have been perfectly well aware of what he had done immediately afterwards; and in the interview which he had had since with one of the medical gentlemen, he admitted that he knew perfectly well what he had done, and ascribed his conduct to some momentary uncontrollable impulse. The law does not acknowledge such an impulse, if the person was aware that it was a wrong act he was about to commit: and he is answerable for the consequences. A man might say that he picked a pocket from some uncontrollable impulse: and in that case, the law would have an uncontrollable impulse to punish him for it. What evidence then is there in this case to justify you in coming to the conclusion, that when the prisoner struck the Queen he did not know it was a wrong act —in fact, that he was doing wrong?"

After reading over the whole of the evidence, Baron Alderson proceeded:

"That the prisoner is an object of commiseration is quite clear; and that he should also have been better taken care of is equally true; but the question you have here to decide is:

"Are you satisfied that, at the time, he was suffering from disease of the mind which rendered him incapable of judging whether the act he committed towards the Queen was a right or a wrong act for him to do? If you are not satisfied of this fact, you must say that he is guilty; but if you think he was not aware what he was about, or not capable of distinguishing between right and wrong, you will then say he is not guilty, on the ground of *insanity*."

In the case of Pate, Baron Alderson further said of this "uncontrollable impulse:" "The law does not recognize such an impulse. If a person was aware that it was a wrong act that he was about to commit, he was answerable for the consequences."

In the case of a boy twelve years of age who had deliberately and cunningly poisoned his aged grandfather, Baron Rolfe said: "The witnesses called for the defence had described the prisoner as acting from 'uncontrollable impulse.' In my opinion, such evidence ought to be scanned by juries with very great jealousy and suspicion, *because it may tend to the perfect justification of every crime that may be committed.* What is the meaning of not being able to resist moral influence? Every crime is committed under an influence of such a description, and the object of the law is to compel persons to control these influences. If it be made an excuse for a person who has been goaded to it by some impulse, which medical men may choose to say he could *not* control, I must observe that such a doctrine is fraught, with very great danger to society." The opinion of the judge prevailed, and the youthful criminal was committed.

AMERICAN CASES.—*General Summary of Decisions in American Courts.* INSANE PERSONS—1. *In General.* Setting aside cases of dementia or loss of mind and intellect the true test of insanity is *mental delusion.* If a person persistently, and against all evidence and probability believes *supposed* facts which have no real existence except in his perverted imagination, and conducts himself, however logically upon the assumption of their existence, he is, so far as they are concerned, under a *morbid delusion:* and delusion in that sense is *insanity.* Such a person is essentially MAD or insane on *those* subjects, though on *other* subjects he may reason, act and speak like a *sensible man.*

[3. Add. Ecc. R., 79. Court of Appeals, 1865. Seaman's Friend Society. Hopper, 33, New-York. p. 618.] Abbott, Appendix, 1865. p. 361.

2. On questions of testamentary capacity, the courts shall be careful not to confound perverse opinions and unreasonable prejudices with mental alienation. These qualities of mind may exist, even in a high degree; and yet, so far as regards the view which the law takes of the case, the subject may be sane and competent to perform a legal act, and be held responsible for crime, if what constitutes insanity be sufficient to relieve the prisoner from responsibility for the criminal act, (as, for example, homicide.)

(Willis v. the people, 22. N.-Y. 715. Affirming E. C., 5 Park Cr. 62. Presumptions relative to insanity, Evidence 43, 44.)

The Commission.—It is the duty of the solicitor for the petitioner to name a solicitor or counsellor as one of the commissioners; and in cases of importance the commission ought not to act without his presence. Abbott's Digest, 401

The Jurors.—The jurors to try the question of the capacity of a habitual drunkard should be selected by the sheriff. If the commissioners dictate to him in the matter the proceedings may be set aside.

The jury should inspect and examine the lunatic in every case of doubt when possible.

The Finding.—Where the inquisition found that he was of "unsound mind and mentally incapable of managing his affairs" a committee of his estate was appointed.

§17. If the jury are not able to go thus far, the committee can not be appointed.

Juries.—The finding that the party is incapable of governing himself or managing his affairs in consequence of mental imbecility and weakness is inconclusive and insufficient.

The commission will be discharged, where the decision on a feigned issue is in favor of the mental capacity of the alleged lunatic. Authorities: Abbott's Digest, p. 402.

Erroneous Finding.—In a very clear case of mistake or undue prejudice of the jury, the court may discharge an inquisition of lunacy, upon the mere examination of the supposed lunatic in connection with the evidence before the jury; but it is improper to do so upon *ex-parte* affidavits contradicting the finding, where no excuse is given for not having produced the deponents before the jury as witnesses.

Second Inquisition.—The court has power, in the exercise of a sound discretion, to direct the issuing of a new commission, where from the evidence or otherwise there is no doubt that the jury must have erred in finding that the party proceeded against was *not of unsound mind.* Abbott's Digest, Vol. 3. 1860.

Insanity.—Every person is presumed to be sane till the contrary appears.

The acts of a lunatic before he is found to be insane are not void.

A lunatic is not absolutely disqualified from making a contract.

In order to avoid a deed entire loss of the understanding must be shown. Proof of weak or impaired mind is not enough.

Weak Mind.—The jurisdiction of the court is not restricted to cases of lunacy.

Where a person from old age, sickness, or other causes, becomes so weak of mind as to be unable to manage his affairs a commission of the nature of a writ de *Lunatico Inquirendo* may be awarded.

Reviewing the cases Chancery, 1816. Maetter and Barker. Abbott's Digest. 1860, p. 401.

Where the particular subject of monomania connects itself with the disposition or management of property of the person who is thus afflicted, he is a proper subject of a commission of lunacy. Authorities. 5, Blackf. Ind. Rep., 217.

Incapacity.—It is enough to vest the court with jurisdiction when the jury find that the party is mentally incapable of governing himself or managing his affairs.

Mental Capacity in Relation to Devising Property.—The right of an individual to dispose of the real and personal property he has acquired during a life of industrious effort is scarcely disputed in our day; but his *mental capacity*, whatever it may be, is liable to be called in question under one or more of the following circumstances:

I. Is (or was) the person who made the will, by which valuable property is disposed of, mentally qualified to do it wisely and justly?

II. Is the person charged with crime of "sound mind" and capable of distinguishing right from wrong? and was he in a legal sense *sane* at the time of committing the alleged offence?

III. Is the person who is in possession of valuable effects capable of so far taking care of and making a right use of the same as to do justice to himself and to those who are legally dependent upon him?

IV. Is the person, hitherto innocent of crime, capable of taking due and proper care of himself; and has he sufficient intelligence and *common sense* to justify his friends in permitting him to go at large without being likely, through weak, perverted or in anywise diseased intellect, to do injury to himself or endanger the safety or happiness of others?

Under each of these headings many sub-questions arise in medico-legal practice, of each of which a large number might be easily collected and illustrated.

I. OF HIS MENTAL QUALIFICATIONS TO DISPOSE OF PROPERTY. —1. *The Parish Will Case.*—Mr. Henry Parish, of New-York City, at the age forty-two married in October, 1829, Miss Susan Delafield, then aged twenty-four. He resided for some years in Barclay-street. In 1848 he built a fine mansion on Union Square, at the cost of $112,000; and there he resided the remainder of his life.

In 1838 Mr. Parish retired from active commercial pursuits. He soon after began to suffer from disease of the eyes; about 1840 he complained of occasional attacks of vertigo or rush of blood to the head. After two or three of these attacks, when he was about to sail for Europe, on the 20th of September, 1842, Mr. Parish, after consulting his attorney, Charles G. Havens, Esq., made a will in which he thus disposed of his estate, then valued at $700,000:

To his wife he gave real and personal estate, including the dwelling-house on Barclay st., a store on Pine-st., furniture, wines, silver, &c., valued at $331,000. To his nephew, Henry

Parish, he gave real estate valued at $35,000; to a cousin and namesake real estate valued at $20,000; to the son of a former partner, ditto, valued at $5000; to his two sisters, Miss Ann Parish, an elderly maiden lady, and Mrs. Allen M. Sherman, each $20,000; to an aunt of his wife an annuity valued at $5000; to each of his five executors as a personal gift $10,000. If his estate should be found sufficient, he willed $10,000 to each of his brother's sons, a cousin, to brothers-in-law, one sister, and three sisters-in-law of his wife, these last named bequests amounting to $210,000. He had now disposed of $696,000. Whatever might remain he gave to his two brothers, James and Daniel, who, with his widow and sisters above mentioned, constituted his only heirs-at-law up to the date of his death.

During Mr. Parish's absence in Europe, one or two more of apoplectic attacks occurred. Dr. Delafield said he had at least heard of one there, which came on in the street when he was about preparing to return home. There was partial insensibility, making it necessary for him to sit down, and perhaps requiring aid to get him to his temporary home.

The attack was of the nature of an apoplectic seizure. At one time, when in a bath at Baden Baden, he was suddenly stricken down in the usual apoplectic manner, and was unconscious for a short time. At this time he was detained eight days, during which he wrote home to his brother, dated August 28th, 1843. It was said the baths were too hot, and the sun also. Mr. Kernochan, a former partner, says this tendency to apoplexy was a family complaint. Mr. Parish's father had died in old age of apoplexy coming on after an operation for cataract. His sister, Miss Ann Parish, was treated for cataract and also for paralysis.

On this occasion (Aug., 1843,) Mr. Parish was relieved by copious bleeding and emetics. He was confined to his room but for a few hours, but was kept in the house for five or six days. His wife wrote from Dresden, October 27th, that she did not think he had ever recovered from this attack. His cheek was sunken in and he had lost much flesh. He returned to America in July, 1844.

In the summer of 1849 Mr. Parish had intermittent fever.

On June 2d, he wrote to A. M. Sherman, his brother-in-law, that he had "return of the chills yesterday;" he took Cayenne, and hoped to stop it at once.

Dr. Markoe said he found him with fever and ague. His wife often complained of his staying away too late at the club. Before the attack of apoplexy he was exceedingly affable and courteous. His mind was slow, deliberative; and, having made up his mind, he was firm and very decisive. He kept up intimate intercourse with his brother Daniel.

July 19th, 1849, seven years after signing the will above mentioned, Mr. Parish had the first attack of apoplexy. Coming into the office of Prime, Ward & King, he became suddenly convulsed and paralytic. He was caught by Mr. Edward Prime, who first saw twitching of his shoulders, and he was in the act of falling. He was then observed to have paralysis. Dr. Van Renssalaer was called. He did not bleed; but Dr. Delafield said any other doctor would have bled; though Mr. Parish had no blood to lose. He was carried to his house on Union Square, and conveyed up to his room from the side-walk in an easy-chair.

After being placed in bed he showed signs of paralysis of his right side. Drs. Delafield and Markoe were with him much of the time, day and night. The paralytic seizure was found to be a hemiplegia, presenting "defect of motion but not of sensation" in the right arm and right leg, and also defective power of the organs of speech. From this he recovered gradually in a day or two. Up to October first he lost flesh; but hopes were entertained of recovery, though they were never realized.

The urethra remained paralyzed longer than other parts. The catheter was used perhaps a dozen times in all.

October, 1849. Mr. Parish now had new symptoms. He had pain in the bowels; frequent and unavailing efforts were made to evacuate them; retention of urine; offensive evacuations from the bowels. By the middle of October he was much exhausted. Dr. Delafield thought there was intussusception of the intestine and sloughing off of a portion of it. The doctor thought these symptoms might be caused by efforts to pass enemas into it. (See North American Review, Medical, Volume I., p. 552. From Guy's Hospital Reports, Vol. II., p. 68, 1856.)

Dr. Delafield, [continued.] He had great apprehension about his eyes; there was inflammation of the lungs; abscess under the jaw; inflammation of the skin of both legs; swelling of the legs; difficulty with the bowels; incontinence of urine sometimes obstruction. He sometimes had to wear an artificial receptacle for the urine; this was more common than retention.

Natural Evacuations.—There were involuntary evacuations of the bowels and bladder, often when there was no time to wait on him. These often came one while he was sitting at the table, and before he could be got away.

Convulsions.—These began about 1840. In July, 1849, they began to return at short intervals of from eight days to three weeks. Whether they were of an apoplectic character or not was not well settled. They were preceded by warnings of irritability. During the paroxysm the convulsed muscles became alternately rigid and then relaxed. After the apoplectic seizure of 1849 Mr. Parish lived for seven years. His general bodily health was restored, his appetite for food unimpaired, and he manifested the liveliest interest in business affairs. But from the time of his first attack he spoke no intelligible word, could never read, write or distinguish one letter or figure from another, though he continued to dictate investments and to change them from time to time, to supervise and correct check-books; and to listen with intelligent interest to the newspapers, making a few signs and sounds by which visitors and his family could partially understand him.

In this condition was Mr. Parish when just forty days after the first attack, he dictated an important codicil to the above-mentioned will, the late distinguished lawyer of New-York, Daniel Lord, being a witness to the addition then made. Four months later he re-executed the same codicil, with the same formalities, as evidently intending that it was still his desire to have it carried out.

The will was now essentially changed: Mrs. Parish was to receive the mansion in Union Square, a lot and building on

Wall-street, valued at $76,000 and the additional furniture, paintings, silver, &c., incident to their improved style of life.

In September, 1853, these devises, &c., were renewed to Mrs. Parish, with the large addition of $350,000 in stocks and other securities. The codicil by which this addition was made, gave to the American Bible Society, the New-York Orphan Asylum, and St. Luke's Hospital, $10,000 each, and to the New-York Eye Infirmary $20,000. The same codicil revoked the appointment of Mr. Daniel Parish who had been made executor; but did not revoke that portion which made him a joint devisee with his brother James of the residuary estate.

In less than four months, however, this last clause was revoked by a third and last codicil, and the residue of his estate given to his wife. Three years later, or on March 2, 1856, Mr. Parish died. The progress of his disease and the manner of his death throw some light upon his physical and mental states during this period of declining hold on life.

By June 1st, 1853, Mr. Parish had attained to health nearly perfect, continuing in some respects to improve to January, 1855. For the next six months he seemed well, though he inclined to sleep.

Disorder of the Right Eye.—Eighteen months or two years before death he had floating motes visible before the eyes. Dr. Markoe thinks this showed a tendency to amaurosis—paralysis of the nerves of vision producing blindness. Tendencies to structural disease of vision had long before been seen,—at least for two or three years before the attack of 1849; one eye had been *long* impaired if not defective from birth: the other became amaurotic. For cataracts of both eyes he was under treatment for about eighteen months or two years. He was operated on the left eye with success, and on the right with fair success. His sight still remained not very good through his later years.

For the last year he seemed to fail. Seven weeks before his death he began to sink. The lungs became the seat of distress; and this continued till within a few hours of death. He died without any special suffering. The last illness occupied in its invasion and course several weeks, but was not considered as serious for more than a fortnight. For the last few weeks his food was not swallowed as soon as masticated.

Dr. Taylor says: He was breathing heavily at 9 o'clock, P. M. March 1st, and died next morning at 4 A. M. (March 2d).

There was no *post-mortem* examination. Dr. Delafield, Mr. Parish's brother-in-law, says, as the reason for this omission:

"I knew no useful end that could be gained by it; and further, I did not wish without a good purpose in view to wound the feelings of the widow.

Dr. Markoe said, that after the death of Mr. Parish he spoke to Dr. Delafield of a *post-mortem*. The latter stated that the family were opposed to the thing itself, and referred, I think to the fact that it had never been permitted in his family owing to this feeling against it.

Mr. Parish was in the 69th year of his age when he died. He had been married twenty-five years and left no children; and four days after his death Mr. Joseph Delafield, one of the executors of the will, offered for probate the four instruments above described as the last will and testament of Henry Parish, merchant.

The will with its amendments was contested by two opposing parties: 1. The sisters denied the validity of the will on the ground of its revocation by subsequent changes in the estate, and the codicils as being obtained by the widow through fraud and undue influence.

2. The brothers desired to retain the original will, with the residuary clause, which had now become highly valuable, the estate having risen 100 per cent. in value. But anxious to defeat the codicils which gave this estate to the widow, they joined with the sisters in declaring that the latter had been obtained through artifice and undue influence after their brother had ceased, through disease, to be capable of judging truly of the effects of his own acts.

The trial of the Parish Will Case involved the protracted examination of many witnesses and occupied the New-York courts for nearly two years. A decision was then rendered by the Surrogate of this county, Alexander W. Bradford. He favored the admission of the will and first codicil to probate, but rejected the last two codicils as inoperative on the ground that the testator was mentally disqualified at the time of their execution.

The executor and Mrs. Parish appealed to the Supreme Court which, in the following year unanimously affirmed the decision of the Surrogate. The case was then taken to the Court of Appeals, where it was argued in January, 1861, and a reargument was ordered for the ensuing summer. During this interval, James Parish, one of the brothers, and the widow died; and both appeals were revived by the representatives. In June, 1862, the Court of Appeals, five justices concurring, affirmed the decisions below, and the will and first codicil were recorded as the last will and testament of Henry Parish, after a litigation extending over a period of six years.

The volume of Medical Opinions on this case contains the written opinions of:

I. John Watson, M.D., Surgeon to the New-York Hospital.

II. D. Tilden Brown, M.D., Physician to the Bloomingdale Asylum, N.-Y.

III. M. H. Ranney, M.D., Physician to the New-York City Lunatic Asylum, Blackwell's Island, N.-Y.

IV. Pliny Earle, M.D., formerly Physician to the Bloomingdale Asylum for the Insane, author of History, Description and Statistics of the Bloomingdale Asylum, "Visit to Thirteen Asylums for the Insane in Europe, Institutions for the Insane in Prussia, Austria, and Germany, and of "Examination of the Practice of Bloodletting in Mental Disorders."

V. Luther V. Bell, M.D., late President of the Massachusetts Medical Society, late Physician and Superintendent of the McLean Asylum, near Boston.

VI. I. Ray, M.D., Physician to the Butler Hospital for the Insane; author of the Medical Jurisprudence of Insanity.

VII. Sir Henry Halford, Bart., M.D., F.R.S.

(TO BE CONTINUED.)

Article XI.—*Abdominal and Spinal Support during Gestation.* By E. P. Banning, M.D., of New-York.

(Continued from page 398, Vol. XVI., No. LXIII.)

In former papers, we have illustrated the effect of a morbid trunkal bearing, muscular laxity, and a consequent visceral descent upon the colon, rectum, hæmorrhoidal veins, ureters, and kidneys, the uterus, vagina, vulva, and the sanguineous, nervous, and lymphatic circulations in the pelvis. In doing this, we have shown, by clear and inexorable law, that such a condition may interrupt or prevent the corresponding functions; and also, that abdominal and spinal support is adapted to the mitigation of such results.

Continuing the same line of reasoning, we now propose to show that the several derangements of these same organs, which are incident to pregnancy, may also be the result of *mechanical compression:* and that abdominal and spinal support is adapted to their relief, upon an identical principle. Notwithstanding, in the latter case, we have the compressive encroachments of a foreign body, and not muscular laxity, for a remote cause.

In meantime, the vexatious contingencies incident to gestation should not be regarded as a legitimate sequence of that condition, but as accidents by the way. First, because pregnancy is no more than a *normal abnormity.* Second, because all of the aboriginal tribes and primitive classes, enjoy an almost total immunity from them; and, Third, because in the most civilized communities, (under a proper regimen,) it is usual for nature to incept and culminate this marvellous process, with a success and peacefulness that is simply *divinely good.*

With the wand of common sense in our hand, and our path lighted by the torch of philosophy, we now propose to contemplate the progressive expansion of a gravid uterus, and note some of the physical consequences of such a process upon surrounding organs and tissues. This we do with a view to show that many of the most vexatious and damaging incidents by the way are, *partially* at least, the result of tubular impingements and visceral compressions from uterine expansion.

First: Immediately after conception, so great is the conflux of blood to the uterus, as to very soon greatly increase its weight, without correspondingly increasing its natural means of support. This takes place even before the embryo has been planted in the field of the uterus. The uniform tendency of this must be, of course, to put the turgid and now irritable uterine appendages in greater requisition; the legitimate effect of which may be, to induce those uneasy sensations of tension and dragging in the direction of the round and broad ligaments, which so much resemble the symptoms of incipient prolapsus uteri, and which so frequently occur in pregnancy, before the fœtus has added to the size and weight of the uterus.

Second: In the space of about six weeks, partly from the increasing flux of blood, and partly from the increase of weight from the rapidly-developing embryo, the uterus will tend, not merely to *drag* upon the uterine ligaments, but actually to settle toward or into the inferior strait. This is the case particularly in first pregnancies, where the woman has formerly cultivated a small waist and a tumid hypogastrium, by corsets and heavy skirts, and where she endeavors to conceal her condition by the same means, or, when she has formerly experienced a tendency to prolapsus from any cause.

Third: In the ratio that the tensed state of the uterine ligaments, and settled condition of the uterus has been established, we may expect the following series of visceral and tubular obstructions, viz.: 1st. The uterus may settle upon the rectum, and so compress it and the hæmorrhoidal veins, as to not only induce much nervous irritation in the sacral region, but also constipation and tenesmus from obstruction of the rectal calibre at its lower portion, or hæmorrhoids, from a mechanical obstruction of the hæmorrhoidal veins. Thus we have a rational explanation of the prevalent tenesmus, constipation, and piles, in all stages of gestation. Next, by this uterine weight and descent, the bladder is pressed down, or dragged back, more or less; or else it is irritated, inducing not only a frequent desire to urinate, but ischuria also, before the volume of the uterus is such as to circumscribe the liberties of that viscus. In this case, urinary derangement is about precisely the same as in uterine anteversion. As the uterine subsidence, when caused purely by the gravid state, is partially an anteversion; not that it has actually anteverted, but that every subsidence of the uterus into the inferior strait is a practical anteversion, when it has settled without changing its axis in its descent, to correspond with that of the inferior strait. Next, we find this same position of the uterus so pressing upon the pelvic nerves, as to partially, and in some cases wholly, interrupt both sensation and motion, producing an alternation of prickling feelings and numbness, with diminished freedom of the limbs. Next, the same state is likely to correspondingly impinge upon the pelvic veins, thereby inducing a varicose state of them in the foot, thigh, and leg, which so frequently circumvents the patient's necessary exercise, and is a source of a great amount of local and constitutional irritation. The lymphatics also are liable to compression, from an identical cause, giving us a palpable rationale of œdematous limbs in the premises.

And finally, this view of the physical condition of the uterus during the early months of gestation, and before the uterus mounts into the abdominal cavity, not only gives us the rationale of each of the above symptoms during this stage, but also explains why all of them usually revel simultaneously, viz., they have an identical *mechanical* cause.

Indications in the Premises.—On so plain a point, I will not detain the professional reader. The indications in the premises manifestly are, to treat the patient precisely as in a case of uterine prolapsus, from the accession of the first symptom, by relieving the uterine ligaments of stress, and the bladder, rectum, hæmorrhoidal veins, and the sacral nerves, pelvic veins and lymphatics, from uterine impingement of their tubular calibres. This of course is to be done, first, by correcting the trunkal bearing toward the pelvis, elevating a portion of the *natural* visceral weight even from the uterus, and so leaving the uterine appendages with no burden but that of the gravid uterus. This must be accomplished in two ways. 1st, by so arranging each article of dress as not to cause the ribs or abdominal muscles to carry one ounce of weight, but on the contrary, to admit of considerable expansion of the hypochondria and epigastrium, before the trunkal parietes can be conscious of the touch of bands of any kind. All this is readily secured by first making garments amply extensible, and next, by causing the last ounce of garmental weight to depend from a broad shoulder-band. The second means of carrying out the main indications, is by means of such an abdominal and spinal support as shall act in the interest of the ascendant, as heretofore illustrated. On this point, we can do no more than to refer the reader to our cut, in the number of the JOURNAL for February, 1868, as we are unable, either in the light of philosophy, or of experience, to conceive of any better combination than is there represented. (p. 381.)

When, by the application of such an arrangement, the compression has been lessened from all of the pelvic organs and tissues, every part begins to feel the indicated rest. Surely this is so obvious, that I need not stop to dilate upon the respective changes from compression to free expansion, and from rectal, venous, nervous, and lymphatic obstructions, to the free and reciprocal interchange between the upper and nether departments of the body. To the mind of the writer, who has very extensively acted upon this idea, the beneficial results have been electrifying, and as a well-spring of satisfaction.

Comparative Advantages of Mechanical Support in the Premises.—Ordinarily, when these side issues occur to any annoying or threatening extent, they have been met, first, by imposing abstinence from labor, exercise, and by the vertical position even; a prescription which, when absolutely necessary, is well enough, but nevertheless, one which must ever operate against the general demands of the case in several respects. When, more than during gestation, does a woman's sanguineous, nervous, and psychical system, stand in need of exercise, air, and society, both as relates to the present and prospective welfare of herself and her fœtus? What practitioner has not met many cases of wearing bad labor, and of puerperal fever, or other untoward sequelæ, of a low, feverish, or irritable condition of the woman's system, which has been induced by exiling her from the full exercise of every natural function?

Next, if requisite, comes medicine and the lancet, often when there is no primary *constitutional* disturbance, and only an accidental reason for resorting to them; and if they accomplish their immediate ends, it will be done by depleting the body of blood which it will need, and by instituting a series of *medicinal* and not natural conditions.

To illustrate: Suppose a case of constipation, hæmorrhoids, cramps, œdema of the limbs, and varicose veins, with ischuria, may be relieved by a steady use of aperients, spts.-nit.-dulc., nervines and bloodletting. The patient feels much improved, but the necessity for repeating the medicine, lancet, and quiet will recur several times. The comfort derived will be indispensable, but it has been procured at the expense of the system, and not by enfranchising it. But if we immediately and pleasantly poise the upper trunk behind the spinal axis, and thereby restore the proper obliquity to the pelvis, and elevate the viscera from the uterus, (see cuts in Number of the Journal for February, 1868,) we immediately, even in the earliest stages of gestation, relieve ligamentous and nervous stress, and visceral, rectal, hæmorrhoidal, venous, nervous and lymphatic pressure, with a corresponding immediate and continued relief to the piles, tenesmus, constipation, cramps, numbness, varicose veins, œdema, and ischuria. All this is done in a *concordant* way, without calling on the organic forces for a single extra effort. The opposite course may be successful, but it is *artificial*, with room for a question, while the other is *natural* and *successful*, and leaves no room for question.

Among the most common troubles in pregnancies, (especially after the uterus has passed out of the pelvis,) are an "aching, tired, and broken back." Cramps in the abdomen, from excessive muscular tension, or from strong movements of the child in utero; also great sense of burden and pressure near the pubes and on the bladder, which is aggravated by standing or walking. To these may be added, great pendulosity of the abdomen, from duplicate fœtuses, abundant liquor amnii, or muscular relaxation, and particularly, that fullness and sense of weight which so generally foreshadows the birth of a still-born child. Simply because the muscles have not power to prevent fœtal apoplexy, occasioned by pressure of the head upon the pelvis. These troubles usually impose such inertia upon the patient, that when she comes to the ordeal of *labor*, it is in a condition which is anything but favorable to a successful delivery and a ready "getting up." Just at this point, thousands of premature labors have been induced, and as many valuable women have been either lost or permanently damaged, purely because the system has not had the full benefit of exercise in-doors and in the open air, with the hope and expectation which usually accompany a comfortable pregnancy, and which are potent to success. Surely, every practitioner has often felt greatly embarrassed at the bedside of a patient who is possessed of gloomy forebodings, and whose physical and nervous powers do not come fully to the work, and all, for want of that *preparatian* which exercise, vital air, and a hopeful spirit would have secured.

I conclude upon this subject with a few illustrations, after remarking, that I have merely designed in this desultory sketch to invite attention to this line of thought, rather than to treat the subject in a systematic manner, and also, that these suggestions, purporting to be based upon anatomy and philosophy, are to my mind rather a product of an extensive *practical observation.*

Case 1st. ——, of Charleston, South Carolina, consulted me under the following circumstances. She experienced eleven successive miscarriages, and was then threatened with the twelfth. Her temperament was lymphatic, and general muscular laxity was palpable, and had culminated under the influence of a relaxing climate and the habitual absence of an energizing culture. Her anxiety for offspring, as well as for health, was intense, and to that end, she had, by professional order, been kept constantly recumbent and almost entirely deprived of every natural source of physical vigor. Her "back felt disjointed near the hips and ached continually." Limbs gave way under her and were œdematous. "Hips felt as though they were coming apart, and as if a *dead, loose* weight was pressing downward." Was very melancholy, nervous, and restless at night. Bowels were constipated, with hæmorrhoidal hæmorrhage. These symptoms were met in the ordinary way, by aperient mixtures and diuretics, and occasionally the lancet was resorted to for relief of numbness and stiffness of the limbs, and for "sleeping lethargy." As, in this case, the field of ordinary therapeutics had been repeatedly and thoroughly traversed, with no good result, save a momentary one, I could do neither more nor less, than resort to abdominal and spinal support. The result was at once so happy, that the patient seemed at a loss for adequate terms with which to express her relief. "I've a back again!" "I feel so light!" "The dead load is gone." Soon she called attention to the fact, that she "had a new pair of limber limbs, as good as anybody's!" Shortly after, I left the city, but with little hope of averting the accustomed miscarriage, yet well satisfied with having emancipated an amiable lady from medicine and the lancet, and with having introduced her to the free enjoyment of the out-door world. In about six months, I was informed that she was in possession of a fine son, and also of the best of health.

Case 2. ——, of New-Haven, Connecticut, consulted me in her "eighth month." She, from the moment of conception, almost, began to experience "dragging pains in the small of the back, hips, and lower abdomen;" these were soon followed by varicose veins, and a puffy state of the feet; also, a frequent desire to urinate came, in connection with constipation and hæmorrhoidal tumors. At this time, she complained of constant lethargy, with numbness and pricking in feet and hands; violent cramps in the abdomen, and an inability to leave her easy chair. This case was seemingly kept from convulsions and miscarriage, by a slight blood-letting twice a week; diuretics, and daily use of aperients and enemas. I withdrew all treatment, and prescribed abdominal and spinal support, which immediately elicited the expression: "Hits my back just where it's broken." On the evening of the same day, I received a call from the lady and her husband, they having walked one mile, for her to say "I feel born again." Her husband afterwards informed me, that from that day, she was "as gay as a lark" up to the time of her confinement.

Case 3d. ——, a young wife, consulted me in the second month of her first pregnancy. She complained of constant aching, dragging, and pressure, in the region of the round and broad ligaments, and of feeling in the nates "as though they were falling off." "Grinding pain in the small of the back, and a frequent desire to bear down to get rid of something." Her hips felt loose and feet were swollen, toward night. A miscarriage seemed imminent, and but for recent experience in mechanical support, I should have imposed quiet, and prescribed aperients, anodynes, and diuretics, to meet the symptoms. The support, represented in the JOURNAL for February, 1868, was applied, with directions to make a prudent effort to return to her domestic habits, and watch the effect. This was the last of the young patient's sufferings, until she became too large for her supporter, when another, adapted to the last months, was provided, which carried her safely to the end of her journey. I afterwards learned, that previous to her marriage, this patient had instituted symptoms of uterine prolapsus, by the use of corsets and heavy skirts, which acted constantly upon the superior abdomen.

Case 4th. ——, in her eighth month consulted me for a painful hernia which had just "broken out," and also for the following symptoms, viz., enormous swelling and stiffness of the limbs; could not bend to raise anything from the floor; walked only by the support of surrounding objects. Her eyes had a wild look, and her skin was blue, indicating venous congestion. Paroxysms of dizziness were frequent, in connection with a "creeping feeling, passing up the spine to the head," when she would seize some object and exclaim: "I am going to have a fit." In this case, constipation, hæmorrhoids, and leucorrhea were severe. Alarmed for the patient's life, I took blood, administering diuretics freely, and opened the bowels, and from thenceforth, was compelled to bleed on each alternate day, to relieve symptoms of spinal and cerebral congestion. Meantime the patient's spirits were overspread with gloomy forebodings, as with a pall. At the commencement of her ninth month, the hernia became painful and compelled the application of mechanical support. On visiting her again same day, found her sweeping "and putting things to rights." Her countenance was placid; she could bend and walk freely; said: "Horror of great darkness had passed away." She indulged freely in her household duties up to the hour of her confinement, without the necessity for a prescription of any kind. (*Med. and Surg. Reporter.*)

ARTICLE XII.—*Spasmus Glottidis.* By Dr. PEMERL, of Munich.

SPASMUS glottidis is caused by abnormal irritation of the vagus, and of the nervous recurrens, standing anatomically and physiologically in close connexion with the former. This irritation is produced:

1. By reflex action of the vagus from the respiratory or abdominal organs.

2. By reflex action of the trigeminus from the cervical part of the vagus and recurrens.

3. As a part of general convulsions, induced by central cerebral irritation, producing momentary stoppage of respiration, and by too frequent repetition, paralysis of the laryngeal muscles and death by asphyxia.

The points of concentration in spasmus glottidis, induced by reflex action are the musculi arytænoidei and crico-thyroidei, having too much strain put upon them by over-exertion during crying, and causing thus in its beginning only short spasmodic actions of the respiratory muscles; but which by continuation spread over large surfaces and even to the tongue, and produce finally asphyxia with all its consequences.

An analogue for these spasms, produced by over-exertion of single muscles we find in other affections, as spasms in the calves from swimming, or in the hands from writing, &c.

Spasms of the glottis, induced by disturbances of the central nervous organs, are never caused by *crying spells;* but they are a part affection of general convulsions, appearing during dentition, especially in dyscrasic, badly-nourished or marasmic children, suffering from hyperæsthesia of the brain during the period of dentition and development of the brain; in such cases the spasms of the glottis may precede the general convulsions or alternate with them, or, what is rarely the case, follow them. Every thing painful to the child may produce spasms of the glottis by its permanence or by frequent repetition of such pains.

We may mention here:

1. All local causes, careless nursing, want of cleanliness, catching cold, getting wet, vermin, fright and frightful treatment.

2. Diseases of the organs of respiration, especially painful cough disturbing the respiration and nightly rest, as it is often the case during a tedious bronchitis or in whooping-cough.

3. Colicky pains in the bowels, caused by cold drinks, by injudicious food, during dentition, where children suffer so often from chronic catarrh of the bowels and flatulency.

4. Local pains in the jaws and gums, caused by inflammatory tension during the retarded piercing through of the teeth.

Everything which can increase the hyperæsthesia, which is a normal state during the period of dentition and development of the brain, may produce general convulsions, and thus spasmus glottidis; effects of too much heat or cold on the head, catching cold or getting wet, fever and acute diseases, mechanical lesions of the head.

We may in general give a favorable prognosis in cases, originating in other organs, if we are able to master in time the original disease.

Spasmus glottidis, arising from or passing over in general convulsions, are always of dubious prognosis, inasmuch as dyscrasic or debilitated children may succumb during the first or second attack, before the relatives have come to any knowledge of the danger of such paroxysms.

The more the spasms of the glottis spread from the glottis to the other respiratory muscles, the more they are apt to pass into general convulsions, and the more doubtful therefore our prognosis.

In a case, under my treatment, the spasmus glottidis reached up to the tongue, which appeared cyanotic and turned half round on its axis. Even after five years, the consequences of these spasms are shown in the heavy and indistinct speech of the child. The piercing through of the first incisors seems especially to favor the appearance of spasmus glottidis; the piercing through of the molars produces more frequently general convulsions.

Nearly in every case the drivelling, so common during dentition, as also the secretion of urine gets diminished; and when during the relaxation of the spasms the mucous membrane of the fauces begins to secrete more freely and urine passes more copiously, we may count on a recession of the spasms and a sure cure.

I observed once on some places a softness of the occiput, but it was without any influence on the course of the disease, the child lost the spasms shortly afterwards.

In two cases the *post-mortem* examination was made; in one where suffocation killed the child on the third attack, no visible pathological alterations could be found; in the second, where after a chronic diarrhœa and convulsions the child suddenly suffocated, the signs only of a wide-spread catarrh of the small intestines could be detected.

The duration of the disease under homœopathic treatment is usually from 1–8 days, in a few cases only it lasted from two to three weeks.

The treatment has to be divided into that of the paroxysm and that of the accessory diseases.

The paroxysms are commonly of such a short duration, that any treatment is out of the question, except they have reached such a height, that they are combined to general convulsions with asphyxia; where sprinkling of cold water in the face, a draft of air, covering the cold extremities with hot cloths, and artificial respiration find their indication.

The blowing of air from mouth to mouth, as well as the smelling of Æther or Cologne-water are of no use whatever; the applications of injections or of warm baths are too complex and require too much time, to be of any use during the paroxysm.

Our chief duty therefore remains, to apply our remedies during the intervals, and by eradicating the causal moments and the simultaneous affections to cure the spasms of the glottis.

1. In the lighter cases, belonging to the "holding-in of the breath," judicious nursing and proper food; great cleanliness; pure air; good appropriate position of the child; warm clothing and steady efforts, to remove everything from the child, that might produce crying spells.

2. Should the causal moment of the spasmus glottidis be found in an affection of the respiratory organs, especially in a chronic bronchitis, auscultation will lead us to the corresponding remedy.

Ipecac: When we find sibilant ronches with dry, titillating, frequent and tormenting cough.

Arsenic: For fine, serous, rattling murmurs, especially when every paroxysm of cough is accompanied by debility and hurried respiration.

Antim.-crud. or tart.; Coarse rattling murmurs, showing that the brochi are full of phlegm.

3. Should the causal moment be found in the abdominal organs, especially in flatulency, in colic or diarrhœa with frequent and audible flatulent noises, or with bloated abdomen and tympanitic sound of percussion, we find our remedy in the first dilution of the *Oleum-animale-dippelii;* it diminishes simultaneously the flatulent colic and spasms of the glottis, and we cannot recommend it too highly in such cases.

4. If neither the chest nor the abdomen is affected, and we have only to battle against a reflex irritation of the nervous trigeminus, I prefer the application of *Moschus* 1 or 2 in quickly-succeeding doses, and usually I could be satisfied with the results; but Moschus is *never* of any use whatever, when abdominal or thoracic affections underlie the spasmus glottidis.

5. When the spread of the spasms of the glottis to other respiratory muscles, to the tongue, to the upper and lower extremities announces the transit in general convulsions, Moschus does not suffice any more, and we prefer the first trituration of *Zinc-oxyd.*, either alone or in alternation with Musk.

Where a general dyscrasia, especially scrofulosis or rachitis, retards or prevents a lasting cessation of the spasms, we have to combine with the antispasmodic remedies, Zinc and Musk, the use of *Sulph.*, *Calc.-carb.* or *Ferr.*

I have used formerly Bellad., Ignat., Verat., Digit., Iod., but the results were not as satisfactory, as the treatment, indicated above. (*Hirschel's Klinik.*)

ARTICLE XIII.—*The Microcephali.* By PROF. CARL VOGT, of Geneva, Switzerland. Translated from the "*Gartenlaube,*" by S. LILIENTHAL, M.D.

THE microcephali are born with a cranium and brain absolutely too small. The forehead has at the utmost only two fingers breadths and is flattened obliquely backward. The skull is not larger than the fist of a man; the eyebrows jut out, and the jawbones more still, covered with thick lips and usually armed with splendid large teeth. The skull is so small, so flatly arched, that the ears stand as high as the crown of the head. The expression of the eyes and of the whole face is either good-natured or mischievous, but always resembles more an animal than a human being. They cannot speak, but utter only inarticulate sounds and guttural noises. They stand and walk with the head inclined forwards, the back bent, upper and lower extremities curved inwardly. These idiots must not be mistaken for Cretins; the latter have dullness of mind, muscular debility, slow uncouth movements, whereas the ape-men move lively and quickly, their mimic is expressive, they imitate the motions, postures and miens of other persons, and change their attention quickly from one thing to another, and from moroseness to gaiety, their face is developed. The Aztecs, which were publicly exhibited a few years ago, belonged to this class of monstrosities. Sophia Wyss, another such idiot, is kept now in an asylum near Berne. She was born in the neighborhood of Ollen, in Canton Waadt, Switzerland. Growing up, she was the terror of all the dogs in the place, and when brought to the asylum she stood in mental capacity on a grade below the less intelligent domestic animals, yet possessing an excellent power of imitation. The prayer, which was repeated several times daily in the institution, she imitates with excellent mimic and tries to produce the rising and falling of the voice, as far as her guttural voice will allow, for all articulate language is impossible for such persons; every motion, every expression of the face, she mimics quickly, when she is in good humor, but when anything crosses her path, she can be mischievous; clutching her fingers, she shows her teeth like an enraged monkey, and blows and bellows like an animal. But her good nature prevails, for any person to whom she has a liking, can easily pacify her again. Another one, Emil, eighteen years old, is from a highly respectable family. The father is dead, the mother still living. His older brother, who was also a microcephalos, died about two years ago, a sister suffers from the same abnormal state, though in a less degree. The deceased brother was malicious and spiteful, bit dangerously, and when enraged it took several persons to master him; Emil on the contrary would not hurt any one, and so he is everybody's friend. He is kept in the house like a domestic animal. We played and amused ourselves with him, as we do with a pet dog. His bony skull, the case which held the little brain he had, is in reality smaller yet, as his head showed at a first view, for the scalp is greatly hypertrophied, in some places even puffy, so that it fully filled up the space between the jutting eyebrows and the frontal bones, yea, every thing appeared even, whereas in reality the bony forehead offered a deep impression. He is very fond of music, and his whole face beams with delight when he listens to the sounds of strolling organ-players.

Such beings are more monkeys than human beings,—monkeys according to their actions, their intelligence, the want of language and the configuration of the head—and still not badly formed in their bodies, and their parents are well educated, intelligent people. (It would be worth while to look at the consanguinity of parents or even grandparents. L.)

The real skull, the bony case, containing the two hemispheres of cerebrum, are formed corresponding to the types of monkeys and develop themselves according to the same laws of growth, which are proportionate to the monkey. The cerebrum, the seat of the faculty of thinking, is hardly as large as in the monkey, its single parts are formed as in the monkey—the function corresponds to the organ—an apish brain cannot produce human thoughts. All those qualities are therefore missing which characterize man as a higher thinking being: the articulate language, the power of abstraction, in fact everything which philosophers as well as theologians acknowledge as the special mental attributes of mankind. Here the similarity ends. However animal the expression of the face may be, his physiological characters are human: the convex nose, the lower prong of the nose, which can felt through the lips, the order and formation of the teeth, the jutting chin—all this belongs to man, but to its lowest race. Such oblique standing teeth, chins drawn so much forward we hardly find among the Australians, much less among people of a higher race, and still they are descendents of that higher race, to which they indeed belong according to their body.

We have therefore in these apish monsters a conglomeration of three different types, of the monkey in the skull and the large brain, the face resembles the lowest type of mankind, and the body shows, that it belongs to a higher race. The whole rather unnatural mixture develops itself slowly under opposing tendencies; this small-headed being forms itself slowly, being perhaps exposed during childhood to many noxious influences and remains thus dwarfish, but sometimes they grow to manhood, get strong and hardy, and reach an old age.

There is very little doubt, although the proof of experience is still wanting, that they enjoy the power of propagation, and may perhaps beget children among themselves.

Two great laws run through the whole organic nature: *the law of inheritance and the law of mutability.* Both go hand in hand, both may slumber without manifesting themselves visibly for some time, both may restrict one another, but they cannot abrogate one another. Every organism carries in itself the whole history of its genesis, by means of the continual concurrence of these powers, every point of transition, where the progenitors halted, shows itself in the development of the offspring by a transient state of formation. We all know, that the parents propagate a sum of character to their children; we see that every day, also that these characters only appear at a certain age, but rest till then. But the mutability is also quite distinct. No child looks exactly like its parents.

Every organism has therefore the power to change itself, but in most cases this faculty produces only trifling results. Every ovum, every germ has the faculty to develop itself and to get an independent being--but would we ever find out how many ova of a tænia it takes to get a tænia again, we would see that from a whole million of eggs perhaps only one reaches its destination, by finding a favorable soil, containing the conditions necessary to its existence. Just so the organism. Each carries in itself the germ of mutability; among millions perhaps one finds the necessary accessory conditions to the development of this germ and the result attained is transmitted to the offspring. As transmission as well as mutability inscribe their results in the history of the organisms, and as both may remain latent during certain times and for generations, to manifest themselves again under favorable conditions, it is therefore evident, why in consequent generations manifestations appear, which have to be counted outside of the usual rules of development, and which we describe as *checked formation* and as *ancestral formations.* (*Atavismus* from atavus, an ancestor.) Both manifestations are similar in principle, only the latter point out to us characters, which appeared perfect among the ancestry, whereas the checked formations represent an organ, which remained resting at a certain stage of its development; for example: People with hare-lips, fissures in the hard and soft palate or other similar malformations are checked formations, inasmuch as the organ stopped at a stage which it individually passes through at a very early time of its formation, a stage, which, as far as it is known at the present time, corresponds to none of the full-grown normal types. But when a colt is born with stripes on its feet or with three-toed legs instead of one middle toe, we would call this an atavismus; for we can presume with more or less probability, that the original type of the horse was similarly striated, as the present wild horses of Africa, and because among petrifactions are found ancestors of the horse of our creation, called by naturalists "Hipparion," which had such three-toed legs.

The colt of our own time possesses during an earlier stage of its formation in the womb of its mother traces of three and even of five toes on the little stumps of its forming extremities —but they soon pass away, for all the outside toes do not develop themselves, and only the middle toe gets fully formed. But if instead, as it sometimes happens, two side-toes get fully formed, which mostly, like the claws of the hog, are suspended a little above ground, so that the full-grown animal only steps with the middle toe, then this formation is at the same time checked formation (for the process of shrinking in both lateral toes was checked) and yet it is also an atavian formation, for toes, originally only present in the ancestry and only developed at a latter time, having bones, ligaments, sinews, &c., represent the feet of the geological ancestor, preceding the horse in the history of the earth.

All anatomists agree now, after most strict researches, that the brain of man and of the monkey are built according to the same plan, and even in its most minute details that both possess the same organic parts, and that they only differ in the perfection and in the proportion of the single parts, as well as in the quantitative development.

The brain of the most human-like monkey, even of the gorilla, whose body surpasses that of man in size and weight, is still two-thirds less than the human brain, and this reduction relates especially to the hemispheres, *i. e.*, those parts standing in the most intimate relations to the mental faculties. This preponderance of the human brain, though partly present already before birth, for the brain of a new-born child exceeds that of the newly-born ape, although it does not quite reach quantitatively the mass of brain of the full-grown human-like monkey; this preponderance, we say, is only fully accomplished after birth, and especially in the first year of life. The volume of brain in the newly-born human child corresponds to that of the full-grown ape as four to five; that of the full-grown human to that of the full-grown ape as 15 to 5. Man, therefore, receives this preponderance especially only by growth after birth, and this circumstance alone already proves, that this preponderance in the history of the species was only acquired at a relatively later period.

Let us now examine such a being. which is neither man, nor ape, in the full sense of the word, whose brain is laid out according to the general scheme of both, but which may still develop itself in both directions. Such a formation, allowing a development in both directions, the brain of the human fœtus possesses in its early state. The brains of all human beings have once passed through such a stage of formation. Let us now suppose, that at this stage by some influence which we cannot as yet solve, the formation of the brain was checked, developing a process similar to that of the colt, which is born with three toes. The brain, checked in its human progress, grows; but this growth does not progress in its normal direction, but it remains partially resting on a lower degree of formation and follows partially the direction belonging to that lower degree, giving us thus a development in the direction of the monkey type. The large brain, especially the frontal lobes, which seem to stand in most intimate relations to the higher thinking powers, as well as those parts of the frontal lobes, which surgical observations have pointed out as the seat of articulated language, form themselves according to the laws of development in monkeys, but not in human beings, grow after birth according to the types of monkeys and the surrounding parts, the bony capsules, model themselves according to this law. Therefore we see also in microcephali, which reach manhood, the skull formed, as in an aged monkey, and these malformations are therefore at the same time checked and atavian formations.

Let us consider for a moment young apes and children, old apes and grown up men. The young ones look more alike than the old ones,—the skull of a young monkey is far more similar to that of a child, than the skull of a full-grown ape to that of a man. Both types get more distant by and during growth. By continuing backwards the diverging lines, representing the reciprocal growth, will intersect at a certain point, and this point is for the brain the epoch, when a check in the formation leads the organ in a false direction. The origin of man cannot be looked for in a monkey—the ape-men lead us to an ancestral type, which we have to seek in former geological periods, and from which the different types divided themselves. But just as much as the human-like large apes, the orang, chimpanse and gorilla approximate man from different standpoints, the first in his brain, the second in his skull and teeth, and the third in the formation of its extremities, and still none of them reaches a higher approximative standard than the other; so we find also in the different human races different characters, demonstrating their origin, and thus their relationship with the monkey. Even those races, standing highest in the rank of civilization, and whose brain shows the greatest development are still provided with such heirlooms, indicating a mutual,ancestry.

ARTICLE XIV.—*Catarrh.* By HENRY A. DANIELS, M.D., of New-York.

CATARRH is a disease special to the mucous membrane. In its mild form it is the most common of diseases, and in its aggravated stages and complications, one that is very disastrous. It will be more particularly the object of this paper to speak of that variety of catarrh which is a specific irritation of the gastro-pulmonary mucous membrane.

The predisposing causes are often constitutional, affecting delicate and phlegmatic persons, and those whose digestive organs are deranged, the functions of the liver being torpid, the bile-ducts clogged, and the alimentary canal loaded with morbid and accumulated secretions. Its exciting causes are generally cold moisture, changes in the electric condition of the atmosphere, syphilitic and mercurial poisoning, also malarious influences; in the latter case it assumes an infectious character, and is most likely to commence its attack on the windpipe and bronchial tubes; sudden change of temperature, especially when the person is over-heated, will produce the disorder. Owing to these circumstances, the symptoms of catarrh are somewhat diverse: it makes itself apparent to us in its mild stages, in a period varying from two to seven days, by a sense of chilliness, lassitude, and heaviness of the head, followed by dryness, fullness or stuffing of the nasal passages, frequent sneezing, a dull pain and sense of weight in the forehead and uneasiness about the eyes and nose, with slight redness and swelling of the parts; the exuded water is saline and acrid, and causes excoriation of the skin over which it passes. These phenomena constitute catarrh; they may be the only symptoms and proceed no further, health being restored in a few days, or there may be others rapidly superadded to them, depending on greater constitutional disturbance and the extension of the affection to a larger surface. In this case, and in the severer stages of the disease about to be noticed, there are shiverings followed by an accelerated pulse, white tongue, and increase of heat in the evening. The interior of the nose and pharynx are inflamed, and the patient complains of soreness of the throat, loss of the senses of smell and taste, dullness of hearing, and a pain which extends across the eustachian tube to the ear, frequent tickling cough, and efforts to excrete a fluid abundantly secreted from the mucous membrane of the head and throat, hoarseness and sometimes loss of voice. In addition, there are very often rheumatic pains, loss of appetite, costive bowels, and thirst. The above symptoms constitute that form of catarrh, which may subside in about a fortnight. The fluid secreted becomes gradually less copious, thicker, opaque colored, and the malady disappears.

But in very many instances, as the coryza and watering of the eyes subside, oppression and uneasiness of the chest supervene, with fits of coughing; the bronchial tubes become affected, and at this stage are ushered in those morbid alterations in the structure of the lungs, that will, unless cared for, degenerate into ulceration and consumption. Having thus far given a description of ordinary catarrh, and noticed how in its more severe form it leads to consumption, I shall now more fully notice complications of a different character, and though they may not be so speedily fatal to life, are so distressing and loathsome as to be commensurate with almost any evil; I allude to those cases when, after one or more attacks of ordinary catarrh, and especially when the patient is of a delicate habit or suffers from some specific disease, there arises a new form of the complaint, owing to a marked change in the mucous membrane, ultimately followed by its disintegration, the first distinguishing symptom of which is a foul breath; at this time it does not come from the stomach, but from the mucous lining of the hollow bones of the head and face; in consequence of frequent inflammatory attacks the mucous membrane becomes thickened and chronically inflamed; the mucus and debris, which should be thrown off from its surface, remain incarcerated within the cavities, become decomposed, and a very offensive breath is generated. As the putrid matter dribbles from the posterior orifices of the nose, it comes in contact with the back part of the mouth, is swallowed, travels down the gullet and is received into the stomach. Here not alone is the condition of the mucous membrane morbidly changed, but the all-important function of digestion is impaired, and one of the worst species of dyspepsia is engendered; within the stomach decomposition of food takes place, the evolved gas is eructated or imperceptibly passes along the gullet, and, mixing with the breath, poisons the surrounding air, and thus unwittingly the sufferer spreads disease to those around him; the food not being properly digested, interferes with the due action of the glands, the secretions of which are necessary to perfect digestion. Wanting its proper stimulus, the liver becomes engorged; circulation is interfered with and gives cause to headache; the blood-vessels of the eye are too forcibly injected, they are in an apoplectic condition, and sight becomes deranged; the action of the bowels is irregular, and a costive habit is established. I have not troubled myself to point out the necessary sequence of each complication; an apoplectic eye gives origin to a damaged retina and blindness. A person who cannot digest will die of starvation. Such results are certainly not immediate on a catarrh, but it will be very plainly seen by cases that I shall present, that in course of time the most serious effects ensue.

I have said that one of the first things that draws our attention to the diseased mucous membrane of the head is the odor of the breath. On examining the interior of the nostrils with a speculum and mirror, its surface will be found to be white and thickened; in some parts its epithelium is detached, and the red and raw surface is apparent; later, ulceration takes place; the bones of the nose and roof of the mouth lose their vitality and are exfoliated; the soft portion of the nose then becomes involved, and the roof of the mouth being wanting, the voice loses its natural tone. This destruction of the parts of the face is most generally caused by the improper use of Mercury.

CASE 1. *Ulceration and Impaired Digestion.*—A lady, aged twenty-six, a blonde, comely in appearance, well-nourished, and in easy circumstances, complains of soiling her pocket handkerchief and of having an offensive breath, also slight catarrhal ophthalmia, affecting the tear-duct; her digestive organs being affected, she has within the last fifteen months, from the date of her disorder, lost as many pounds in weight, and is more costive than natural. Traces the origin of her complaint from catching a severe cold, which kept her to her bed. She has since had some slight catarrhal attacks, followed by the above symptoms; though taking medical advice has not succeeded in getting better; on the contrary, the disease appears to gain ground.

The treatment pursued in this case was the same as is necessary in all others as regards topical treatment. The nose was thoroughly cleansed from the posterior nares, and proper applications made to alter the nature of the secretions, and stimulate the surface to healthy repair. In all cases I have found a solution of Cupri-sulph., graduated in strength in accordance with the necessities of the case, the best topical alterative. With appropriate hygienic rules and advice to relinquish the use of medicines, such as aloes, cod-liver oil, &c., which she had habitually taken, she was cured in six weeks' time.

Case 2. A young lady, governess in a gentleman's family, residing in a neighboring state, writes most intelligently of her case, which was similar to No. 1, with the exception that she suffered from slight catarrhal deafness. I was anxious to relieve the patient without troubling her to come to the city, and in about a month's time she was cured.

Case 3. *Chronic Catarrh and Dyspepsia.*—Rufus N. is a boiler maker, aged thirty-eight, has been subject to cold in the head for many years; in the month of September, 1862, he had an unusual severe attack of pneumonia; he kept his bed for some days, and did not return to his work for three weeks. Even then was by no means strong. He now in Feb., 1863, applies to know what can be done for him. He is a man about five feet seven in height, well built, but evidently is much changed for the worst; that which he complains of is dyspepsia, want of taste, appetite, and weakness; his words are, that he continually has an unpleasant taste from his mouth to his stomach: it feels as though it were lined with something that should not be there; his ears are often stopped up; his eyes water, and scales of matter and a thin unhealthy fluid are continually thrown off from the nose; breath very offensive; bowels constipated, and very often considerable uneasiness about the chest.

Here is presented a perfect type of chronic catarrh, the whole gastro-pulmonary mucous membrane is affected; the nasal passages and alimentary canal mostly so; the man is evidently badly situated for a speedy return to health; the nature of his business makes it likely, that without great care he will subject himself to a too sudden change of temperature; the particles of dust that continually float in the workshop, are irritating in the extreme to a sensitive mucous membrane; one is almost surprised that his lungs are not more affected; he has no great convenience for bathing. The opinion I gave to him is, that he will be relieved, and there is no reason why he should not be perfectly cured, were it not for the risk his business entails. That which I consider most valuable to him is, that he should follow those rules of health I propose and explain to him; he will take an emetic, this will help to cleanse the stomach of the thickened mucous with which it is covered, and under which lie the orifices of those delicate glands which pour out the necessary fluid for the perfect reduction of the food to chyle. The ulcerated and congested mucous membrane of the nose will be cleansed and properly attended to. He was relieved, and ultimately obtained a position as foreman, and is now comparatively well.

Case 4. *Complicated Catarrh.*—M. C. is a young man, twenty-two years of age, of good social position, slightly made and of delicate constitution; he is dissipated and errated in his manners and mode of life; complains of having at times a very bad breath, foul eructation, and in the morning when he wakes a very unpleasant feeling of dryness and soreness at the back of the mouth, with difficulty of swallowing; is very subject to attacks of catarrh, attended with copious and very unpleasant discharge from the nose. This is a very common and instructive case. M. C. ought early to be cured were it not for his habits; he is particularly unfortunate in having plenty of money to spend in dissipation, without the constitution to stand the least hardship; he has been several times under my care, but as soon as he gets a little better, he places himself in a position to be again assailed. One of his permanent troubles is catarrhal deafness; this symptom has been much increased by ignorant interference. It is probable he will not be a long-lived man, and though he may not die of catarrh proper, still it will be the cause of some inflammation or change in a vital part that will prove fatal.

CASE 5. *Offensive Breath.*—Edwin B., forty-one years of age, engaged in mercantile pursuits, is a man nearly or quite six feet in height, heavy and well-made, has mixed much in society and lived freely, though for a man of his physique, can hardly have been said to have dissipated; about a year ago he caught a severe cold, from which he has now fully recovered. He says, to use a strong term, his breath is so vile that he is ashamed to sit in the room with a second person. As might be anticipated, his appetite is bad and his digestion worse; he suffers from considerable oppression of the chest, and about two months ago threw off about a quarter of a pint of blood from the air-passages; he soils a number of handkerchiefs every day and the odor from them is disgusting. It hardly needs a physical examination with the speculum and mirror to tell that disorganization is going on in the soft and bony parts of this man's face; the hollows in the upper jaw-bones, the frontal and nasal bones, &c., are filled with diseased matter; some portions of dead bone have nearly come away. In a little time, if left alone, he will be disfigured. As it is, the nose has fallen in, owing to a portion of its support being wanting; has taken a great deal of drug medicine prescribed by others (undoubtedly mercurials) and has doctored himself considerably. The first and all-important indication here is the thorough cleansing of the parts and the removal of all dead structure. The stomach also must undergo a proper cleaning. The greatest attention must be paid to health-rules; the system must not be over-burdened with undigestible matter, its very weight causing fullness and distention of the blood-vessels. I treated this gentleman for three months, part of the time in New-York, at other times by letter. He fully recovered.

CASE 6. *Offensive Odor from the Stomach.*—Mrs. B. is a lady, forty-one years of age; her case is a very common, as well as distressing one; she was subject to catarrh years ago, but seems to have outgrown her tendency to the disorder; she desires to be cured of foul breath, which she considers a relic of it; she is also troubled with dyspepsia. She has been in the habit of chewing various substances to change the odor of her breath; in this she has made a mistake, the perfume of the substance chewed has only mixed with the unhealthy gas from the stomach, and, if anything, has added to her grievance. The stomach must be properly treated, and the character of its secretions altered, by a judicious selection of food; in this lies the important practical point in cases like this. Relief can be afforded in from one to six months.

The two following cases relate, the first to catarrhal ophthalmia, the other to catarrhal deafness; like all cases selected for this paper, they are by no means of the worst character, but such as are very commonly presented to the surgeon for treatment.

Case 7. Mary L., eighteen years of age, of a slightly scrofulous constitution, is subject to take cold very easily, at which time her eyes become inflamed and watery; in fact she at all times suffers from catarrhal and scrofulous ophthalmia; the tear-duct of the right eye is partially stopped, and the water is continually running down the cheek, causing the skin to be excoriated. This young girl was treated constitutionally as well as for the special ailment of the eye. For the eye the plan adopted, but which must be carried out with great care, is to cause sufficient inflammation of the conjunctiva as to obliterate a portion of the vessels; she soon greatly improved, no longer complaining of the light hurting her eyes and causing them to blink and water; the ugly red outline of the eyelid is disappearing, and the tear-duct having been properly dilated, the tears take their natural course; she really looks a great deal better, and with proper care in a few years will have grown into a permanently better state of health.

Case 8. *Deafness.*—Edward N., forty years of age, is a lawyer by profession, and complains that on account of deafness he is much delayed in his business, persons having to repeat what they wish him to hear; he is very sensitive to atmospheric change and is continually catching cold; during these attacks he is always worse and his ears appear stopped up. On examining the drums of the ears with the speculum they appeared a little more opaque than natural, but the main trouble is from the eustachian table and middle ear; these have become thickened and inflamed and liable to be stopped with mucous, which deadens the sense of hearing, the middle ear should be inflated and properly medicated. Mr. N., is informed that with great care and by his aiding in doing all that is prescribed for him, he will be well in about three months. Perhaps of all catarrhal complications that of deafness is the worst to be dreaded; the ear is the most difficult organ to treat; its least ailment should at once be cared for.

Case 9.—James F., nineteen years of age, clerk in a store has been subject at various times to violent catarrh; he now wishes to be cured of a running of matter from the external ear, which he thinks has resulted from cold. On examination, both ears are found affected, but in the right one, the ulceration has destroyed the drum of the ear; had he not applied at this time, as a matter of course, further destruction would have ensued and hearing have been lost. As it is, it will be fair to say, that with proper cleansing and stimulating the surface to healthy action, he will probably be well in a couple of weeks or one or two months. In some cases I make use of the Nitrate of silver to the external ear, as it forms a pellicle that protects the sore surface, but as a stimulant I prefer the Sulphate of copper.

Case 10. *Loss of Portion of the Nose.*—Clara C., twenty-three years of age, is an unexceptionably respectable and healthy young woman, with the exception of ulceration of the nose, and loss of a greater portion of the nasal bones, and a portion of the fleshy part. About five years ago, she caught a severe cold, and at that time was unfortunate in receiving a heavy blow from the sudden opening of a door; severe inflammation set in, and resulted in the above deformity. The ulcerative process was soon stopped and a plastic operation resorted to to reproduce the lost tissue. This is one of those rare cases where there has been loss of tissue from simple inflammation, unconnected with syphilitic or mercurial poisoning.

Case 11.—J. N. R., book agent, aged thirty, inflammatory irruption on the left side of the nose, with ulceration and loss of substance of the right; this condition has been progressing for over nine months; he thinks the trouble arose from catching a severe cold, this is rather an intractable case, owing to a hypertrophied condition of the skin. By very carefully cleaning the surface and paring away the edges, so as to get rid of the half-organized and tenacious lymph, I ultimately succeeded in getting him ready for the slight plastic operation necessary.

Case. 12. *Hole in the Roof of the Mouth.*—E. F., lady thirty years of age, syphilitic catarrh with a small hole of an oval form through the hard palate: this was easily repaired. These cases frequently present themselves and in most cases, repair can be made, unless the hard palate is too greatly involved. The patient should be of an age to give his assistance, and to intelligently understand what is being done for relief.

Article XV.—*Mushrooms and their Poisoning.* By Thomas M. Logan, M.D., of San Francisco.

Since the valuable discoveries of Prof. J. H. Salisbury respecting the algoid origin of intermittents and other diseases, the whole field of the *Cryptogamia* has become invested with a new interest. What had been philosophically deduced by Holland and Henly as the "parasite" theory, and dimly seen, especially by the prophetic eye of Drake, as the "vegeto-animalcular" hypothesis, is now reduced by the unerring lens of the microscope, into one of the fixed facts of morbid causation. Diversities of disease, hitherto inexplicable on the malarial hypothesis, are thus traceable to distinct species of the same natural order of vegetation; which, although generally analogous as to the various active principles in each group, still are by no means identical, whether we examine them by their sensible properties, or observe their effects upon the living body.—For these reasons it behoves the pathologist to study carefully, whenever opportunity offers, the influence of any one of this complex family of plants in the production or aggravation of disease. I therefore trust that the few remarks I have to make, in connection with some recent cases of mushroom-poisoning, may not prove devoid of interest to this society.

The fungi constitute one of the three forms of the lowest order of vegetation; lichens and algæ the two other. Fungi are estimated as the lowest of the three in the scale of creation. Fries, a celebrated Swedish authority on the subject, regards the three orders to consist of the same beings, altered by the material on which they grow. Algæ, he observes, which are much extended in their native element, water, when exposed to the air, contract and become lichens. Thus *Nostoc muscorum* becomes *Collema limosum*, &c., and Sir James Smith has even decided that *Lichina pygmæa*, when growing under water is an alga, and when above water a lichen.—But the differences between fungi and algæ, or lichens, which are as the distinction of their individual species, seem to arise out of their essence—that of algæ being primitive, while that of fungi is always reproductive. Indeed, the whole of the latter plant is generally a mass of reproductive organs. Link defines the essence of a fungus to be sporules disposed in a series, in elongated tubercular cells; the cells situated in some part of the external surface.

Fungi are the most numerous of all plants in regard to general species, and the extreme difficulty of their study can scarcely be exaggerated. The number which may be conceived to exist is incalculable. We find them of every condition, whether *mycelia* or perfect plants; whether microscopic or of a larger growth, in our fields, gardens and vegetables; in our meat, cheese, clothing, everywhere. In the small space of a square furlong, where the number of phenogamous plants was 420, and of lichens and algæ 430, more than 2000 species of fungi have been discovered by Fries; while of the minuter forms, the microscope proclaims their illimitedness. It has been further proved that they are capable of propagation from animals to man, and *vice versa*, although hitherto it has not been positively ascertained whether they are the cause of morbid states, or whether the diseased tissue merely affords a suitable nidus for their development. "It is certain," however, as stated by Dr. Aitken, of Edinburgh, long ago, "that whenever the normal chemical processes of nutrition are impaired, and the incessant changes between solids and fluids slacken, that if the part can furnish a proper soil, the cryptogamic parasites will appear. The soil they select is for the most part composed of epithelium or cuticle, acid mucus or exudation."

As might be conjectured from their redundant provision, fungi perform most important offices in the economy of the world. Besides hastening the decomposition of dead organized matter, their qualities and uses are exceedingly diversified. Whilst many are favorite articles of food; a still greater number are unwholesome and poisonous; some are medicinal, and others again have tinctorial qualities. Among the edible fungi, of which a bountiful feast is for months spread out for us on the plains of California, what are called *Mushrooms* are the best known. These are different species of *Agaricus*, but principally *A. compestris.* The genus comprising this, as well as a multitude of other wholesome species, is characterized by membranaceous, persistent (not deliquescent) *lamellæ*, or gills, of a peculiar pink color, or a tendency to be pink when bruised—their interior substance filamentous, and continuous with that of the *pileus* or cap, and thin, generally acute, edge. Many of the species of this genus, however, are exceedingly poisonous, and are known as *toadstools.* It is impossible to decide, except from experience, which are wholesome and which are unwholesome, and it would even appear that the same species may be one or the other, according to the circumstances of their growth, situation, &c. As a marked instance of this difficulty in forming an intelligent judgment, our worthy confrere, the Professor of Materia Medica in Toland Medical College, informs me that he and all his family were once severely poisoned by a few mushrooms, that he knew positively and from experience to be our edible species. On certain persons all mushrooms, even the very best of the esculent kinds, act more or less injuriously. In this respect they are on the same footing with some kinds of fish, particularly shellfish, which, by idiosyncracy, act as poisons on particular constitutions. I know of an instance where the smallest quantity of egg acts as a pernicious ferment; another in which honey always produces the same effect; and Christison says some persons are affected by the small portion of mushroom juice contained in the ordinary catsup-seasoning. But in the instance just referred to there was no such incompatibility of constitution, for our confrere has, both before and since the meal referred to, partaken of the same species of mushroom with impunity. He says, however, he never will again eat those found in damp and shady places, for he attributes the toxical properties of those plants, from which he suffered, to their being grown under the umbrageous oaks of Alameda. Now we know that under the names of "mildew," "blight," "smut," "rust," "spur," &c., fungi commit their parasitic ravages upon farinaceous and graminaceous plants, rendering them, like spurred rye, dangerous to animal life. Why may not, then, mushrooms themselves be subject to their own epiphytic parasites? Christison remarks that "even the esculent mushrooms, if partially devoured and abandoned by insects, are avoided by some, as having in all probability acquired injurious qualities, which they do not usually possess." How know we but that, owing to the excess of moisture, such as exists under the shade of trees, or such as predominated during our late mushroom season, some peculiar blight or modified condition of the mushroom may have been the cause of the toxical influences in the cases of our confrere and of others to be related?

That these plants are meteoric can be demonstrated, for it is possible to increase particular species with certainty, by an ascertained mixture of organic and inorganic matter exposed to well-known atmospheric conditions. [*Lind. Nat. Syst.*, 331.—*Fries' Syst. Mycolog.*] This artificial formation of mushroom spawn was once considered a great mystery, and a powerful argument in favor of spontaneous generation. But when it is considered how many millions of the sporules must be devoured together with the herbage, by the animals whose dung is a principal material in the compost, the force of such argument vanishes.

Berkley, as quoted by Porcher, [*Trans. Am. Med. Ass.*, Vol. VII., p. 251,] states that in many portions of Europe, but especially in Poland and Prussia, mushrooms form a most important part of the food of the common people; and in the latter country whole tribes are mainly supported by them, scarcely any species being rejected. Even the most virulent species, after being either pickled or salted and dried, are freely used. These facts would go to prove either that the poisonous species become innocuous when they grow under favorable circumstances, and that climate has much to do with these circumstances; or, that owing to the bracing effect of climate on the human system, its inherent tonicity and power is sufficient to resist the noxious principle when present in the plant, and to expel it from the body, by means of the natural emunctories, the kidneys, skin, &c.

Have we not here some clue to the apparent capriciousness of those now ascertained toxical agents, the palmelloid sources of our intermittents, remittents, and other diseases? Why is it that under all the most favorably concurrent circumstances and conditions necessary for an exuberant production of these cryptogamic spores, we sometimes see but the mildest types of intermittents from their effects, while again, with no appreciable reason wherefore, we have the worst forms of congestive fevers resulting? Does not analogy bear out the conclusion that, as with mushrooms so with all other cryptogamic spores, there are certain contingencies—they may not only be in the climate, they may not only be in the condition of the plants, but they may be also in the receptivity of the human system—which modify their influence? It is clear that until these questions have been studied out in all their bearings, and some steps taken, by an enlightened interpretation of the phenomena of morbid action, toward their generalization, every pathological conclusion as to the nature of fungoid poisoning, or the propagation of parasitic diseases, must be the result of a limited experience from a limited field of observation.

We have long been familiar with many instances in which vegetable growths occur parasitically in man and in the lower order of animals: I need only cite the *mycodermata* in various forms of porrigo, and the white efflorescence which kills by myriads the silk-worms of France and Italy, and which the researches of Audouin have shown to be cryptogamic vegetation. May not the blights of plants, or the causes of them, be found as potent in exciting morbid actions in man as they are in vegetable organisms? Sir Joseph Banks, in his paper on the blight of corn, alluding to the incredible rapidity with which minute fungi, which constitute such diseases, multiply, says: "Frequently in the latter end of the summer, must the air be loaded, as it were, with this animated dust, ready, whenever a gentle breeze, accompanied with humidity, shall give the signal, to intrude itself into the pores of thousands of acres of corn." In each pore where a sporule alights, it grows and branches and breeds—spoils the part. That the blight, or some other modified condition of fungus may operate thus also on the animal organism—contaminating the epithelium and mingling with the blood, with which it continues in latent combination a certain but varying length of time—is rendered highly probable from the clinical history of the following cases, which I have prefaced with these remarks, in order to the proper understanding of the important points involved in their discussion. (*Pacific Med. and Surg. Journal.*)

ARTICLE XVI.—*Idiocy and its Treatment.* By EDWARD SEGUIN, M.D. New-York, William Wood & Co, 61 Walker-st.

IDIOCY *is a specific infirmity of the cranio-spinal axis, produced by deficiency of nutrition in utero and in neo-nati.* It incapacitates mostly the functions which give rise to the reflex, instinctive, and conscious phenomena of life; consequently the idiot moves, feels, understands, wills, but imperfectly; does nothing, thinks nothing, cares for nothing, (in extreme cases), he is legally irresponsible; isolated, without associations; a soul shut up in imperfect organs, an innocent.

The *modus operandi* of deficiency of nutrition in the first period of life has not yet been fully investigated; it may bear upon the tissues, but we are concerned here mostly with its action on the nervous system.

At the time when deficiency of nutrition takes place it stops the fœtal progress, and gives permanency to the transitory type through which the fœtus was passing; these transient types being to some extent analogous to the persistent forms to the lower animals. For instance, *atresia palpebrarum* testifies to the presence of the cause of arrest of development as far back as the third month of gestation;

arrest of development of the inter-auricular septum leaves the human heart homologous with the heart of fishes; similar arrest of nutrition of the encephalon leaves its circumvolutions unfinished at the low types of the orang-outang, the calf, or even lower. After the time at which deficiency of nutrition has stopped the ascending evolutions of the embryo at one of its low types, it sometimes continues its deleterous action of altering, or entirely destroying the fœtus also. For instance, it may destroy one of two fœtuses for the nutrition of the other, leaving next to the spared one an acephalus, or only a few fragments of an organized being; or it may partially destroy an encephalon at any stage of development, even after birth, by the intervening of hydrocephalus; or it may give rise to some embryonic malady, destructive of a set of organs or of functions. Though deficiency of nutrition may affect the whole being, it strikes by preference one set of organs, such as those of speech, of hearing, of local contractility. Deficiency of nutrition happens in two ways: slowly, when induced by depressing influences; or at once, when brought on by a shock. Hence, the first leaves the child a prey to maladies of embryonic origin, or at best at a low point of vitality; the other leaves him well provided for by anterior nutrition, but torpid, or a prey to automatism, epilepsy, &c.

It is true that we ignore most of the influences which produce deficiency of nutrition in utero, but the fact itself can not be denied. Impressions will sometimes reach the fœtus in its recess, cut off its legs or arms, or inflict large flesh-wounds before birth: inexplicable as well as indisputable facts, from which we surmise that idiocy holds unknown, though certain relations to maternal impressions as modifications of placental nutrition. Farther, ignorance will not permit us to go. On the threshold of investigation, instead of knowing all the causes of deficiency of nutrition, we are delayed by the necessity of studying the circumstances in which it appears, and so often produces idiocy.

The circumstances which favor the production of idiocy are endemic, hereditary, parental or accidental.

1. It is endemic only as connected with certain forms of cretinism.

2. Idiocy is hereditary where there have been cases of idiocy or of insanity in the preceding or collateral generations.

3. Parental. Certain conditions of the parents have influence: that of the father ceases after conception. That of the mother contiuues throughout gestation and lactation.

Unfavorable Conditions of the Mother.—"She may have been under-fed in puberty herself, through previous generations; or so miserably enervated by music, perfumes, savors, pictures, books, theatres, associations, that a precocious loveliness has outgrown her motherly capabilities, as *forced* cultivation converts the pistils and stamens of flowers into beautiful fruitless petals."

"She has conceived at a time when spermatozoa have encountered noxious fluids of venereal or menstrual origin, or have been altered in their vitality previous to their emission by drunkenness, &c. She is often passive under the causes of impressions, depressions, shocks, privations, abuses, exertions, excesses, altering the nutrition of the unborn or new-born child."

Such causes do affect the mother's health, and it need not be surprising if they should affect the child. "We know that a strong mental impression will sometimes arrest the flow of milk or cause a diarrhœa, or congestion of the lungs, or an apoplexy or some other derangement of organism.

Influence of the habitual intoxication of the mother on her children. Morel (Traite des Degéner escences, physiques intellectuelles et morales de l'Espèce Humaine, &c., Paris, 1857, p. 78.) gives the following effects:

1st generation: Immorality, depravity, excess in the use of alcoholic liquors, moral debasement.

2d generation: Hereditary drunkenness, paroxysms of mania, general paralysis.

3d generation: Sobriety, hypochondria, melancholy, systematic ideas of being persecuted, homicidal tendency.

4th generation: Intelligence, slightly developed, first accession of mania at 16 years of age, stupidity, subsequent idiocy and probably extinction of the family.

Dr. Whitehead,* quoting Adams, says that women who are habitual drunkards generally produce immature or idiotic children.

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* Hereditary Diseases. London, 1857. p. 31.

Case of Blind Tom.—His case is described as one of "isolation of the mind" (superficial idiocy), produced by the privation of a whole series of means of communication with the external world. For though he is rather microcephalous, few of his symptoms point towards idiocy of centripetal origin.

He is the fourteenth child of a father who had eighteen children, all healthy and intelligent except one of the last, and himself the idiotic genius.

He is well built, his head is harmonious in its small, oblong side-flattened shape. His fingers are remarkably thin, considering the constant use he makes of them on his instrument. He is from birth nearly absolutely blind, not seeing enough to direct his walk. We at first hear of him at the age of fifteen months, standing up by supporting his hands on the knees of his young master, and following with the movement of his body the modulations of the flute with which the lad was whiling away his monotonous hours on a Georgia plantation. Till five or six years old Tom could not speak; he could scarce walk, and gave no other sign of intelligence than this everlasting thirst for music. Even at the age of four years, when taken up from a corner where he had been lying dejected, and seated at the piano he would play beautiful tunes; his little hands having already taken possession of the keys, and his wonderful ear of any combination of notes he had once heard.

People flocked for miles to hear him, till the war put a stop to his success. At the close of the war Tom was brought to the various Northern cities by his former master and permitted to display his extraordinary musical powers in public.

At the beginning of his entertainments Tom is led forward by the hand or sleeve in front of the audience, where he presents himself in the third person in few words thrown away, rather than spoken, saying, "Blind Tom will play this or that piece for you." He then begins his tune on the piano. His execution is sometimes sweet, oftener of an unknown force, which manifestly proceeds from powers higher up than his wrist. When he sends certain clangorous agonies, his shoulder-blades bear as it were directly on the keys; his whole frame vibrates with the instrument. Tom seems to participate in the applause which follows.

If some person of the company is invited to play a new tune which the sable artist is to be called upon to repeat, he being used to it, understands what is the matter, and shows his satisfaction by his countenance, a laughing, stooping, with various rubbings of the hands, alternating with an increase of the sideway swinging of his body, and some uncouth smiles. As soon as the new tune begins, Tom takes some ludicrous posture, expressive of listening, but soon lowering his body and raising on one leg, so that both are perfectly horizontal and supported upon the other leg, representing the letter T, he moves upon that improvised axis like the pirouette dancer, but indefinitely. These long gyrations are interrupted by other spells of motionless listenings, with or without change of posture, or persevered in and ornamented with spasmodic movements of the hands: this is his studying posture. When the stranger is through, Tom stops, seats himself at the piano, and reproduces the musical idea perfectly, if the piece was entirely new to him; but reproduces tune for tune, note for note, if he only heard it previously two or three times—and yet that child is idiotic for any other purpose; in the privacy of home as in public, he can accomplish nothing but gyrations and melodies; that he does to his heart's content.

Tom is evidently improving in his mind since he has been thrown into public companies. Now the question arises—If he can be elevated above his idiotic condition, will he, at the same time that he gains so many new perceptions, lose the acuteness of his musical sense; exchanging, if we may so express our idea of a mental revolution, his artistic genius against an even general common sense? Mangiomel lost all his mathematical power, which was wonderful, and Kaspar Hauser his memory, which was vivid, in the process of gaining the ordinary acquirements developed in children at an earlier age. Is the loss of the special gift the rule when education equally embarrasses all the modes of activity? or does forcing in education require a more rigid conformity to physiological laws than was likely used in these two cases?

A few more subjects, nicely treated and followed up, will settle that question, important to the whole race.*

[The Wonderful Child of Lübeck.—*Christian Henry Heinecken*, a child greatly celebrated for the premature development of his mental powers, was born at Lübeck, February 6, 1721. The following peculiarities of mental ability seem well authenticated:

At the age of ten months he could talk with extraordinary facility; and he had scarcely completed his first year when he knew and could recite the principal events in the five books of Moses. At fourteen months he knew the history of both the Old and New Testament. At two years and a half, he could answer questions in geography and in history ancient and modern. Soon after this he learned Latin and French. In his fourth year he had been taught the doctrines of theology received in that country, with the illustrative proofs commonly referred to; also modern history; ecclesiastical history; the institutes; 200 hymns, with their tunes; and 1500 verses and sentences from the ancient Latin classics. His memory was so extraordinary that he retained every word repeated to him. At the Court of Denmark, he delivered twelve speeches without once faltering, and underwent public examinations on a variety of subjects. He spoke German, Latin, French and Low Dutch. He was exceedingly good-natured, mild and innocent in disposition; but his physical constitution was most tender and delicate. He never ate solid food, but subsisted almost entirely on his nurse's milk, not being weaned till a few months before his death, which occurred on the 27th of June 1727, when he had only reached the age of four years and four months.

An account of this remarkable prodigy of precocious learning was published by his tutor M. Schönich, in the fifth volume of the "Republic of Letters," which was also republished in German in 1778. A learned dissertation on the subject was also published by M. Martini, at Lübeck, in 1730.]

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* We will consider the treatment in another Article. Ed.

ARTICLE XVII.—*Bronchial Catarrh.* Practical cases, translated from the Klinik. By DR. KAFKA, in Prague.

LAST fall, which season appeared very early, brought us a great many catarrhal affections, among which bronchial catarrh played a conspicuous part. The cold, occurring already in the latter part of September, caused a peculiar affection of the bronchia, which I intend to describe.

It was especially influenza, which took most of our patients down, having the peculiarity, to appear with great prostration coryza, loss of taste and appetite and severe cough. The fever was moderate, accompanied in solitary cases only by sleeplessness; the paroxysms of cough troubled the patients by night and by day, appearing with such severity and tenacity, that the patient apprehended either a hæmorrhage, or an inflammation of the lungs, or even a hectic state. The cough paroxysms lasted from a quarter to half an hour, being mostly dry with a steady irritation, which the patients pointed out to have its seat on the side of the larynx, although it was seated on the posterior wall of the fauces. This irritation, of a scraping or burning character, or with a feeling of roughness in the throat, produced a deep, hollow, fatiguing cough, whereby the patients got red or blue in the face, complained of nausea or vomited quantities of phlegm, and never ceased to cough, till they had expectorated small round gray mucous lumps. During the remission, which usually lasted two or three hours, patients felt prostrated and dreaded the reappearance of the cough.

Inspection showed the fauces intensely red, the tonsils red and swollen, the mucous follicles swelled to the size of birdseed and seated here and there on the posterior, reddened and swollen mucous membrane. Some longitudinal streaks could also be seen there, causing most probably the irritation to cough. There was no difficulty of deglutition, no sensation of dryness in the throat; they hawked frequently and complained when swallowing, of a sensation, as if there was a foreign body in the throat. Ladies, moreover, suffered from inability to retain their water during the paroxysms of coughing.

My diagnosis was *pharyngitis mucosa;* I prescribed Merc.-sol. 3, a dose every two or three hours, producing a sensible amelioration and curing the patients fully in about a week. A similar case, treated last year about the same time, in the person of one of our best opera-singers, withstood stubbornly the application of Dulc., Puls., Nux-vom., Phos., Ars., and Veratr. After working thus for three weeks without any result, I examined the throat and found such a pharyngitis, and the soluble Mercury cured it also in a few days.

Another form of bronchial catarrh appeared with the following symptoms: The patients in consequence of the rough, windy weather complained of a steady dry cough. The irritation had its seat either in the throat-pit or in the centre of the sternum or in the epigastrium. The examination of the throat showed no pathological change. Much loud and continued speaking or laughing, the inspiration of cold air or an emotional excitement, especially anger, salt-food, cold or alcoholic beverages aggravated the cough. When entering a warm room, or when going to bed and sometimes in the morning when awakening, the cough was severe and lasted for a good while. This continual irritation to cough produced in sensitive individuals nausea; in women the urine squirted out from the bladder during the cough and even men complained of a tired feeling in the hypochondria. The general state of health was thereby not affected, the appetite remained good and the excretions normal. Percussion gave in every case a negative result; auscultation revealed mostly in the lowest portion of the bronchial tubes small vesicular râles. The dry and whistling cough forced the blood into the face and produced sometimes frequent sneezing and watering of the eyes. During sleep the patients moaned and sighed, as if they had the nightmare.

The expectoration, raised only after severe coughing spells, was as tough as glue or it was foamy and intermixed with small gray mucous lumps. As soon as the cough got softer, the state of the patient was also more endurable. For this affection, presenting itself as a febrile catarrhal bronchitis, the following remedies quickly produced a favorable result.

When the irritation was seated in the centre of the sternum, and when the cough was aggravated by speaking or laughing or when it was produced by deep inspiration, or when the severest paroxysms came in the morning hours and by inspiring cold air, with tough and glue-like expectoration, *Phosphorus* 3, in solution was given, a dose every hour or two.

When the cough was seated in the throat-pit with aggravation by anger or after cold drinks, when the severest paroxysms fell at the time of going to bed or during the hours of night, and when the expectoration was foamy and intermixed with mucous lumps, *Arsenicum* 3, in the same form and doses was indicated.

When the irritation was seated in the epigastrium with morning aggravations, but having also severe paroxysms when going to bed, with nausea or vomiting, and when the patients complained of a tired feeling in the hypochondria, we gave *Natrum-mur.* 6, in the same form and repetition.

In 24–48 hours the severity of the cough was broken, patients began to expectorate easily and freely and rested well during the night. Eight to ten days usually sufficed to restore our patients again to perfect health.

In a similar case, where the irritation was seated in the throat, causing the severest paroxysms when retiring to bed, lasting commonly from two to three hours, we tried Ars., Puls. and Rhus in vain; but *Rumex* 2, produced amendment already the first evening, and henceforth our patient enjoyed his night's rest. If disappointed again, I should have given Ambra-grisea 1 for such cases.

Our allopathic friends give in such cases Aqua-laurocerasi and Morphine, without ever doing any good by such treatment, as the old proverb says, that the natural course of a cough is four weeks, and by medicines even five weeks.

Homœopathy is able to shorten any bronchial catarrh, appearing without complication, if we only are careful, to study the whole complex of the symptoms and apply the remedy corresponding to such a state. Laymen, who have been before treated allopathically, are astonished at those quick results and speedy cures; whereas the allopathic mixtures and powders produced only a transient amelioration.

ARTICLE XVIII.—*Clinical Observations.* By Dr. GALLAVARDIN, of Lyons.

Senega.—Indications for Senega against exudations in the pleura, ascites, anasarca, hydrophthalmia.

1. Miss N. N., thirty years old, is of small stature; sickly constitution. She has comparatively large eyes, and the pale and shrunken appearance of a consumptive or an anæmic patient. Since a week she suffered from a malaise, without being confined to her bed. *Diagnosis:* latent form of pleurisy; dullness in the lower three-quarters of the right chest; ægophony of the same side towards the upper part of the chest; pulse 110. ℞ Cantharis 15 every hour and ordered to go to bed.

10th day, pulse 95. Canth. 15.

15th day, pulse 100. No diminution of the inflammation. ℞. Arsen. 30, hourly.

17th day, pulse 80. Ars. 30.

19th day, pulse 84. *Status morbi* the same. ℞. Senega 4, hourly for six days.

25th day. Already in the first few days the inflammation and the pulse decreased. Now only the lower third of the right chest is still affected. ℞. Senega 1.

30th day. All inflammation has gone; but to remove the false membranes or the thickening of the pleura, sequels of the inflammation, I continued Senega 1, for ten days longer, when the respiration was perfectly normal again.

2. Pleuropneumonia in an old man of sixty years. Bry., Acon. and Bell. had been used already with benefit, and the stitching pains were relieved, but *an oppression* remained; expectoration was not bloody, but raised with difficulty, and he lost strength from day to day. ℞. Senega 27. In the evening the body of the patient is bedewed with cold perspiration; the pulse small and filiform; oppression so severe, that the patient has to remain in a sitting position; mucous râles in the chest. An infusion of two drachms of Senega was prescribed. Next morning the patient was out of danger; his strength is better, expectoration easy, oppression diminished and convalescence established. (Dr. Strecker.)

3. A girl of twelve years passed through an attack of scarlatina. On the fifth day desquamation began. On the sixth slight œdema of the face and of the extremities. Bry. and Rhus were given without effect. Anasarca increases upwards and ascites is added to it. Helleb., Dulc., Scill., Sulph. and Ars. were given in rotation with cold ablutions, but without diminishing the disease. Oppression increased; rattling in the chest; hydrothorax. Senega 12, morning and evening. After the 2d dose increased urination, which continued after each dose. On the seventh day the hydrothorax was gone, but a hemiplegia appeared, which gave a great deal of trouble. (Dr. Lorbacher.)

4. On the sixteenth day after scarlatina, in a girl five years old, œdema and croup, removed by Acon. and Spong. Three days afterwards anasarca, ascites and hydrothorax; barking weak cough; little expectoration. Senega 12, morning and evening. After the fourth dose, increased urination and decrease of the pains in the chest. The hydrothorax was gone on the fifth day, the ascites by the tenth, and full recovery. (Dr. Lorbacher.)

Let us answer the question, how does Senega remove the pleuritic exudations? Clearly by critical secretions through the skin and the kidneys.

Dr. Noack has seen, after the use of Senega, a chronic pleuritis pass off by copious perspiration in a patient, declared incurable and given up to die.

The primary action of Cantharis, as well as of Senega, is a diminution of the urine, but the secretion increases by the continuance of the remedy.

In the pathogenesis of Senega we find the symptoms of dropsy of the eye with intra-ocular compression. It cures also anasarca, ascites and hydrothorax, showing, therefore, a specific relation to the exudations in the serous cavities. Will it prove as beneficial in hydrocephalus, hydrocele or hydrarthrosis?

But Senega removes not only hydrothorax, but also the false membranes after pleuritis; perhaps it may also cure purulent exudations in the pleura, for it has cured a hypopion.

Senega is therefore indicated:

1. In subacute or chronic exudations of the pleura.

2. In catarrhal pleuropneumonia, when Bryonia was given in vain.

3. In cachectic pleuritis, frequently the last act in other diseases, as after severe fevers, scarlatina, measles, miliaria, variola.

4. In hydrothorax, in diseases of the heart, œdema pulmonum, essential or secondary anasarca.

5. In hydrothorax, ascites, anasarca after primary or secondary albuminuria.

6. In hydrophthalmia with intra-ocular compression, so that we need not employ iridectomy.

7. In ascites, accompanying hepatic diseases, peritonitis or abdominal tumors.

8. Perhaps against purulent exudations in the chest with the formations of pseudo membranes.

9. When other well-selected remedies, as Ars., Bry., Scill., Sulph., Hep. and even hydragogues did not alleviate.

10. In lymphatic constitutions, which always show a decided tendency to mucous and serous exudations.

We prefer to give the Senega in low dilutions and even the tincture.

ARTICLE XIX.—*Bronchocele.* Three Cases cured by Spongia-tosta alone. Cures Perfect. By S.B. BARLOW, M.D., Prof., &c. Read before the Hom. Med. Soc. of New-York, July, 1868.

1. Mrs. S., aged forty-five, married, mother of six children, of spare habit, believed to be scrofulous. The disease had been of six years duration; had been constantly increasing; becoming somewhat fuller, with some slight pains and tenderness on handling every time she had a cold, which condition was temporary, for the most part lasting only from three to six days, then subsiding to its ordinary status. Spongia-t., one dose every alternate night at bed-time. The 6th and 30th dilutions were used throughout and were continued three months, at which time the disease was cured, so pronounced; and five years having now elapsed without any show of returning tendency,it may be considered a perfect and permanent cure.

2. Miss M., aged twenty-five, healthy, plump and ruddy, weight 150, dark hair and eyes; tumor of three years growth, very large and unsightly, lumpy, irregular, hard, slightly tender always on having a cold; and I believe this is nearly always the fact, that colds produce some tumefaction with tenderness in those swellings; and I further believe that nearly or quite all the subjects of the disease are of a strumous habit, and that there are probably five females to one male affected with goitre.

In this case Spongia-t., of the 3d and 12th dilutions were used in alternation for about ten weeks, when there remained no indications of the disease. Eight years have now elapsed and the health of the subject remains perfect.

3. A. W., a maiden lady of thirty-two, tall slender; thick skin and thick lips, in medium flesh, evidently strumous; tumor of many years standing, extremely unsightly and repulsive in looks, positively larger than both her breasts, hard, knotty, somewhat tender; yet in tolerable good health otherwise.

This case was treated some thirty years since with lozenges containing 3 grs. of crude Spongia-t., each: one given night and morning, dissolved in the mouth, and swallowed.

An unguent of the crude remedy in lard was freely rubbed into the tumor each night. In four weeks every vestige of the tumor had disappeared. Medicine was continued a month longer internally. Cure perfect and permanent.

ARTICLE XX.—*Cephalic Version.* A Report to the N.-Y. County Homœopathic Medical Society, from its Obstetric Bureau, Jan. 8, 1868. By E. M. KELLOGG, M.D., New-York.

IN making their stated report to this society, your committee have deemed it best to endeavor to counteract a mischievous tendency now observable in obstetric practice; and therefore instead of the expected resumé this evening, would return to first principles as it were, and present for your consideration and discussion the single topic of cephalic version in arm and shoulder presentations in labor, in contradistinction to the ordinary process of podalic version.

Cephalic version, or turning by the head to facilitate delivery, is an operation of which we now hear very seldom, though it was held in great repute by the ancients. That they were staunch advocates of this procedure in abnormal presentations is shown abundantly by their writings. Aristotle for example remarks that "the fœtus in all animals comes naturally by the head, because, there being more matter above than below the navel, the head of necessity tips downwards. For this reason, he says, every birth in which the head presents, is natural; and those unnatural, in which the feet or any other part of the body come foremost."

Hippocrates too, who has been called the father of midwifery as well as of medicine, directs that "if the fœtus lies across, be it alive or dead, it must be pushed back and turned, so that it may present with its head in the natural position: and in order to effect this purpose, the woman must be laid supine on the bed, with her hips raised higher than her head." (From this it would appear that a certain accoucheur of this city, who claimed as original the treatment of prolapsus of the cord during labor, by raising the woman's hips and lowering her head, was slightly anticipated by Hippocrates, who lived some 2300 years ago, and who never heard of the Newtonian law of gravity.")

But old things keep passing away, and new fashions succeed. We will venture to affirm that cephalic version is now at most only incidentally mentioned by the teachers of obstetrics in our medical colleges. As for ourselves, we can only say that we have not the slightest remembrance of having heard such a thing ever spoken of by our professors in our student-days; though it is to be hoped, this does not hold true now.

At any rate, we never knew until long after we had graduated, that such an operation was recommended to be attempted, in preference to the ordinary podalic version. It is mentioned to be sure in standard text-books, but in a cursory manner, as though the cases were very rare in which we could properly make use of it. Cazeaux, who lays more stress on it than most French obstetricians, devotes only three or four pages to its discussion—while Dr. Guernsey, of Philadelphia, in his late work on obstetrics, a volume of 750 large pages, disposes of the whole subject in twelve lines.

At very first sight, this method of delivery in cross-births, by changing them to vertex presentations, strongly bespeaks our favor from the simple fact, that it is the natural mode, and of course best for the mother and safest for the child. Consider the terrible mortality among children that are turned and delivered by the feet: competent authorities estimate that fully one-half perish in the process; and no accoucheur feels justified in undertaking the operation, without first warning the patient's family of the great risk to life which the child incurs. To a physician who has spent many anxious hours in attendance on one of these cases, and at length relieves the suffering mother on delivering in the customary method a plump, finely developed and dead child, the question will present itself with fearful force. What can be done to lessen this very great mortality in cross-presentations? The answer is simple, *follow nature.*

The first idea that *ought* to occur to a physician's mind, when he is in attendance upon one of these abnormal cases is, what can I do to make that a natural or vertex presentation. But we have no hesitation in saying, that usually the first and last thought is, "I must turn and deliver by the feet." This procedure, we contend, ought to be the last resort, after the attempt to make a natural labor of the case has failed. We will not say that the custom of turning by the feet, is so universally followed because it is easier in most cases for the attending physician; but it has certainly become so prevalent, that we might almost call it a fashion in obstetrics, and like other fashions, unhesitatingly followed, however absurd or dangerous it might be.

In saying this, we do not mean to undervalue the services of the modern accoucheur; for we are convinced that he saves many that would have inevitably been lost in old times. But we would not have him so led away by a *fashion*, as to try to supersede nature instead of aiding her. Whatever is natural, is right—and he does best in his artificial operations, who best imitates nature. We all unite in reprobating "meddlesome midwifery" where the young and over-zealous practitioner is constantly harassing a poor woman who is going through a purely natural process, as though her life depended on *his* labor. In our opinion it is only a higher kind of "meddlesome midwifery," when the elderly full-blown accoucheur, after filling the hearts of friends and family with anxious dread by his grave looks and doubts about saving the child, proceeds to remedy a case in which the fœtus is a little askew as it were in its mother's womb, by making it a great deal more askew and turning it completely around at the imminent risk of its life. When in many cases, at least by well-directed manipulation, he might restore the fœtus to its natural vertex position, and thus allow nature to perform the delivery in its own good way, with all safety to both mother and child.

Suppose, for instance, two cases in which these respective versions have been made, and in which, owing to the feebleness of pains, the patient cannot expel the fœtus unaided. In the one case after cephalic version we would apply the forceps, our safe and trusty ally, and deliver a living child—in the other the head would probably be delayed long enough to produce fatal compression of the cord, and becoming desperate, we would drag out by its feet a dead child.

Our attention has of late been forcibly called to this subject by the report of seven cases of shoulder and arm-presentations treated by cephalic version, and published in the Am. Journal of Medical Sciences, by Dr. R. Stewart of this city. Of these seven cases, five were delivered by the forceps. Five of the children lived, one dying from hæmorrhage and from partial placenta prævia, the other from long impaction of the head. Three of the mothers had had previous mal-presentations; a fact which ought always to put the accoucheur on his guard, for such cases tend to repeat themselves.

When the fact of a previous cross-birth is ascertained, it becomes the duty of the physician, early in the labor, to fix the precise position of the child, and to learn whether it is normal or not. If it be ascertained, that the presentation is abnormal, we can in most cases correct it by judicious and careful manipulation, if the membranes be not ruptured. In fact, there will be comparatively little difficulty in so doing, if the amniotic fluid be abundant, and the child float freely therein. But when by means of the finger of one hand in the os uteri and the other hand on the abdomen, we have succeeded in causing the fœtus to assume the vertex presentation, we must not relax our efforts, but continue to hold it in this position until labor is so far advanced, that the child is retained in situ by the discharge of the water and the contraction of the uterus.

Most modern writers on obstetrics dismiss the subject of cephalic version in a few words, by saying that it can only be done when the membranes are entire, and free floating of the fœtus in the waters allows the operator easily to turn the head in the required direction. And they recommend it when the case is a primipara, or the child's head is large, or the mother's pelvis small; because under such circumstances, the inevitable delay in the delivery of the head after podalic version will produce enough pressure on the cord to destroy life. And most writers say that this operation ought not to be attempted if the membranes have been ruptured, and the uterus has closely contracted down on the child, and especially if the arm has descended. In this condition, version of any kind is always more or less difficult; but that we ought to give the child the benefit of the greater chance of living by first trying the cephalic version is shown by the fact, that in four of Dr. Stewart's reported cases, the waters had been evacuated, when he was called in—in two of them an arm was in the vagina, and in one of these, the attending physician had in vain previously attempted to seize the feet and turn by them.

Without going into precise instructions as to the course to be pursued in performing cephalic version, it will be sufficient to say that the operator will, in case the shoulder present, push it up with one hand internally and with the other externally on the abdomen, assist to make the head assume its place at the os uteri. But suppose the arm be in the vagina, the waters of course evacuated, and the shoulder tightly pressed down by the contracting womb. In this case the arm cannot be simply pushed up, but the shoulder must be rotated in such a direction as shall bring the arm across the breast of the child, and to such an extent as shall cause the elbow to re-enter the uterus, when the whole arm can be easily returned: after which proceed as in simple shoulder-presentation.

Of course, when the child is dead or non-viable, or any complications, such as convulsions or hæmorrhage, endanger the life of the mother, we should not hesitate to employ the podalic version, which, as a general thing, is a much more speedy process. But on the other hand, it cannot be denied that this greater ease and speediness of the podalic, as compared with the cephalic version, is a temptation to an impatient or over-fatigued accoucheur, which it requires some little moral strength in many cases to resist.

One word more concerning spontaneous evolutions.

We all know how nature has at times surprised us by spontaneously converting a mal-presentation into a normal one —which conversion we are not all disposed to attribute to medicinal action, even if a dose of Puls. 200 had been previously administered by the medical attendant. A "*post hoc*" is by no means a "*propter hoc*,"—and knowing how the fœtus floats freely in the uterus and that the head is its heaviest part, we for one are disposed to give more credit for such an evolution to the old law of gravity than to the new law of correcting mechanical displacements by infinitesimal doses.

What, therefore, we would endeavor to impress upon the rising generation of physicians, is this: study nature's method of delivery and *let her alone* as much as possible—but when you are called on to interfere in her operations, be sure that you are not working at cross-purposes, by blindly following some pre-conceived theory, but are in reality assisting nature, and thus shall you become a true physician.

General Record of Medical Science.

1. *Habitual Use of Opium.*

Mr. R. Little, of Singapore, has given a very interesting account of opium-smoking in China, the mode of preparing the opium for that purpose, and the effects of the practice on health and longevity. From this paper we make the following extract:—

"A difference of opinion prevails as to the ultimate effect on the health, when opium is used in this way so often as to constitute a habit. It was long universally thought to undermine health and abridge life. But in recent times doubts have been raised on this head. Dr. Burnes was led to conclude, from observation when at the court of Lahore, in the time of Runjeet Singh, that the habit of eating opium does not tend to shorten life. More lately, Dr. Macpherson came to the same conclusion, from what he saw of opium-smoking among the Chinese at Canton. And in Europe, since the inquiries on the occasion of the jury trial at Edinburgh, in 1832, connected with the insurances of the late Earl of Mar, it has been thought by not a few persons of weight, that the habit of eating opium, or drinking laudanum, may be by no means so injurious to health and longevity as its immediate effects on digestion and the nervous system would lead one to prognosticate. It may be true, as these skeptics have stated, that some people, long abandoned to the vice, have lived to a good old age, miserable from its effects, yet not unhealthy. But the experience of most travellers, who have witnessed it effects on a large scale in the East, is directly the reverse; and although this proposition may be in some measure liable to the objection, that it is the statement of casual observers merely, it is amply borne out by the results of careful and extensive inquiries at Singapore. These inquiries were made by personally examining the owners of opium shops, the smokers who frequent them, the prisoners in the house of correction, and the paupers in the poor-house, supported by voluntary contributions. The following information is the result.

"As the habit grows upon its unhappy victim, the first evils experienced are disturbed sleep, watchfulness, giddiness, sometimes headache, capricious appetite, a white tongue, frequently costiveness, indescribable oppression in the chest, and haziness of the eyes. Afterwards, a copious secretion of mucus takes place from the eyes, and often from the nose also; digestion becomes much impaired, and micturition difficult; a mucous discharge begins to flow from the organs of generation; the sexual organs, at first preternaturally excitable, gradually lose their tone; the body wastes, the muscles lose their torosity, and the bones are affected with dull gnawing pains for some hours in the morning. By and by, the figure stoops, and a peculiar shuffling gait is acquired, by which alone a practiced eye may recognize an old opium debauchee. At the same time, the eyebrow droops, the lower eyelid becomes dark, the eye itself seems to sink and grow dim, and the whole expression is that of premature old age. In both sexes, the procreative power is greatly lessened, and in those women who nevertheless do bear children, the secretion of milk is defective. The influence of the habit on the generative functions is indeed so decided, that were it not for fresh arrivals from China and other parts of the East, the population of Singapore would very soon be seriously diminished.

"Still there may be no structural derangement. At length, however, food and drink are vomited almost constantly when the system is not under the primary action of a dose; there is incessant gnawing pain in the stomach when its effect is off; diarrhœa comes on, relieved only by fresh indulgence, and dysentery sometimes supervenes; a turbid mucous urine is discharged with unusual frequency, the result sometimes of renal disease; and, among affections of the kidneys, Bright's disease is not uncommon. In others, difficulty of breathing is a prominent symptom, increasing gradually to an urgent sense of suffocation, and depending generally on œdema of the lungs, or effusion into the pleural sac. In others, irregularity and feebleness of the pulse, with pain in the cardiac region, indicate the supervention of organic disease, or severe functional disturbance of the heart. Some suffer excessively from boils and carbuncles, from the latter of which few confirmed opium-smokers recover. Foul, indolent ulcers are extremely common among the poor; strumous affections of all kinds are apt to be developed, and the constitution is prone to succumb without resistance under all violent diseases.

"The influence of opium-smoking on the morals of its victims is not inferior to its impression on the bodily health. Indolence and inaction, neglect of business or work, and consequent poverty, though the most obvious, are not the worst results. Deeper depravity often follows in the train of these evils. Wife and children are disregarded; frequently, however, not before they are inoculated by example or positive encouragement with the same unhappy vice. Misery leads at last to crime, and crime to deeper misery. Not unfrequently theft supplies the only resources for persevering in the fatal pleasure. Of forty Chinese prisoners in the Singapore House of Correction, no fewer than thirty-five were opium-smokers. Seventeen of them, who had earned on an average eighteen shillings of wages monthly, spent nearly twenty-four shillings upon opium, the difference being necessarily made up by the gains of stealing. One of them, who earned twelve, but smoked twenty-four shillings, on being asked how this was—how it was possible? aptly replied, 'What am I here for?' The sedative action of the drug is well exemplified in the crimes for which these people were imprisoned. In Europe, where the habit of intoxication with ardent spirits adds fearfully to the contents of prisons, it is well known that crimes are committed chiefly during the excitement caused by the poison, and are therefore generally directed against the person. But the opium-smoker knows no such state of existence. His intoxication is quiescent. It is not till this stage passes off that he begins to think of crime; his object is to supply the means for the next debauch; and accordingly offences against property constitute a large proportion of the causes of imprisonment in this class of the population of Singapore. Of twenty-two opium-smokers in the prisons of Singapore and Penang, nineteen were condemned for offences against property and only three for offences against the person. Opium-smokers constitute 80 per-cent. of those confined in the House of Correction at Singapore for vagrancy and police misdemeanors, but only 40, or at most 50 per-cent. of those in prison for larceny, highway robbery, burglary, and other similar offences requiring boldness and enterprise.

"Unfortunately, the effects produced on the health by abandoning the habit of smoking opium, after it has become deeply rooted, are even worse than the perseverance in it. A gloomy despondency is added to the usual symptoms of the ordinary stage of despression; a state ensues somewhat like the low state of delirium tremens, attended with extreme prostration of strength, and often with exhausting diarrhœa and vomiting: all preexisting diseases are aggravated, dropsy frequently ensues, and death may soon result, most generally by effusion into the great cavities, and general anasarca. When these effects have begun to show themselves under a compulsory cessation of the habit, the most marked improvement of health is produced by resuming it. Hence, no one who has once fairly given himself up to this unhappy vice will surrender it voluntarily. The result of the examination of several hundred opium-smokers on this point was, that, by their own confession, the extent of their indulgence was limited only by their means, and the spontaneous abandonment of it impossible. The writer of an essay on the opium trade says, 'There is no slavery on earth to name with the bondage into which opium casts its victims; there is scarcely one known instance of escape from its toils, when once they have fairly enveloped a man.' Mr. Marsden also says it is almost impossible to shake off the habit. And Sir Stamford Raffles gives it as his opinion 'that the use of opium is all the more dangerous, because a person once addicted to it can never leave it off.

"Nevertheless, under medical advice, with due caution on the part of the physician, and some exercise of resolution on the part of the patient, the habit may sometimes be effectually and safely broken. Its abandonment, either suddenly or without due precaution, is attended with danger. But that recovery is practicable and safe under a methodical treatment, the following case will sufficiently show: A Malwah opium merchant and opium-eater had often endeavored to abandon the habit, but always in vain. On one occasion, when wrecked on the coast of Cochin-China, his strength of mind enabled him to observe his religious dietectic principles, so as to live for weeks on dry rice and water, because he could not cook food according to his creed. But when he wished to give up his opium, this man of iron nerve was like a child for feebleness of purpose; he could not encounter the sufferings of the stage of probation. At length, on arriving at Singapore, and learning that the habit could be broken by means of a wonderful medicine, he resolved to subject himself to treatment, but on condition that he was to undergo neither the rending of bones nor gnawing at the stomach, which he experienced in all previous attempts. At this time, he ate twenty grains of opium morning and evening. He was directed to use twice a-day a mixture containing a drachm of Battley's solution, a drachm of laudanum, and two drachms of tincture of gentian, and to wash down each dose with a mixture containing essence of ginger and two drachms of some aromatic stimulating tincture. He was likewise enjoined to take gentle walking exercise morning and evening. He felt no inconvenience, although his daily allowance was thus reduced at once from forty to about twenty-four grains; on the contrary, he felt stronger and more comfortable. The quantity of the preparations of opium was then gradually reduced, while that of the bitter and aromatic tinctures were increased; and after the opium was thus all withdrawn, the tinctures were gradually exchanged for decoctions of black pepper, ginger, and quassia. In this way, he recovered entirely without any suffering; and twelve months afterwards he continued scrupulously to abstain from the drug, and enjoyed the best of health.

"From this and other parallel cases, there is no reason to doubt that the habit may be broken off with safety by a gradual progressive reduction of the dose of opium, and the substitution of strong bitters and hot aromatics for a time, especially if with this change be combined free air, regular and increasing exercise, and a good nutritive food. But it is impossible to give up the habit at once with safety."

Prof. CHRISTISON, in a supplement to this paper, has added some interesting information to that furnished by Mr. Little.

Prof. C. says: "Important as the inquiries of Mr. Little unquestionably are, they do not absolutely settle the question of the influence produced on health and longevity by the habitual use of opium, as indulged in by inhabitants of this country. The subject still requires more extended European observation.

"I am sorry to add, after this introduction, that my opportunities of adding to existing information have not been so considerable as might be desired. But I have met with one case which would undoubtedly have proved fatal in early life, had not the habit been broken; and which, on that as well as on other grounds, well deserves to be made known: and, having had some little experience in the treatment of the habit with a view to its cure, I have thought the particulars may prove both useful to the profession and encouraging to the unhappy victims of the vice; more especially as my observation does not correspond with that of Mr. Little, as to the great danger arising from its abandonment.

"The first case was that of a seaman, of the age of twenty-five, who had contracted the habit while in the mercantile service in the Eastern seas, in consequence of being obliged to use opium for a protracted dysentery. He had continued it for two years. His daily allowance was a drachm of solid opium, which he took in divided doses in the day-time. Immediately on his return from a voyage to the islands of the East Indian seas, he applied for admission into the Edinburgh Infirmary, to be cured of the habit. He had a sallow yellowish complexion; which, however, is well-known to be occasioned by the climate merely of the parts he usually visited. Farther than this, nothing remarkable could be observed in him; and he assured me that he could follow his occupation well enough, but that it cost him a great effort to do so, and that his misery was great on awaking in the morning, until he commenced his doses. The bowels were little liable to constipation; but he had been long free of the remains of his dysentery; and he had not the affection of the eyes and nose, described by Mr. Little to be generally observed among the smokers of opium at Singapore. His constitution being obviously little impaired as yet by the habit, I contented myself with simply withdrawing his allowance of opium at once and entirely, and with substituting a draught, with two drachms of tincture of hyoscyamus, in the evening, as a soporific. Great prostration of strength ensued; he either lay in bed motionless, or wandered about the ward with a languid gait and woe-begone countenance; he was affected with incessant loathing of food, nausea, and indiscribable uneasiness in the stomach, but not with pain there, or in his limbs; and he slept none, notwithstanding the hyoscyamus. This state of matters continued for three days and nights, during which no change of treatment was made, except that a little brandy was given to assuage the uneasy feeling in the stomach, and that an attempt was made, but in vain, to obtain sleep by increasing the hyoscyamus to three drachms. On the fourth night he took no hyoscyamus; nature asserted her sway, and he slept soundly; in the morning he felt revived, took some food with relish, and had no uneasiness afterwards. From that moment, he quickly recovered strength and spirits, under no other treatment than a generous diet; and, in the course of a fortnight after his admission he left the hospital quite well. This instance may perhaps serve as an example of what may be expected when the habit, as seems often to happen under the counteracting effects of an active occupation, has not materially undermined the constitution.

"Subsequently, I was consulted in very a melancholy case, which although its result is not known to me, is worthy of mention, on account of its remarkable circumstances. A medical gentleman in England had long been dissatisfied with his wife, on account of her neglect and indifference, so that at last a separation was contemplated. But he continued from time to time to put off the evil day. At last, he was one evening hurriedly sent for home, to find her in a state of deep sopor, and in circumstances which left no doubt that a large dose of laudanum had been swallowed. By the application of the usual remedies, she was with some difficulty roused, and eventually recovered. To the consternation of her husband, however, he then for the first time discovered that she had been long in the habit of drinking laudanum to excess, and that on this occasion she had merely taken, by some accident, a more potent dose than usual. He came to Edinburgh to consult me what was to be done, as she expressed a willingness to be cured of her fearful habit; and more particularly he was anxious to know whether it might with safety by abandoned abruptly; because he despaired of accomplishing a gradual reform. The narration of the previous case determined him to adopt a similar treatment. I have never heard the result. Should these pages meet his eye, he may perhaps be induced to communicate it still.

"Some years ago, I had for a patient a gentleman who had cured himself successfully of the habit, which he had contracted while engaged in a literary undertaking of some duration, and requiring protracted fatigue of the mind. I do not know the particulars, however; but he had recovered from the vice without danger; and, when I saw him, several years had elapsed without inconvenience or relapse.

"The last case I have to mention is the most instructive that has yet occurred to me. An English gentleman, twenty-five years of age, whose pursuits rendered him somewhat migratory, consulted me, while in Edinburgh early in the spring of 1848, on account of ordinary stomach complaints. The pulse being very frequent, his body emaciated, his complexion anæmic, and his expression of countenance haggard, I suspected something more than stomach complaints in one of his age. My suspicion naturally turned to phthisis; and although they were not confirmed by a stethoscopic examination of the chest, I advised him to repair at once to to his friends in the south of England, whom he intended to visit in no long time at any rate, and there to put himself under medical advice.

After this, I heard no more of him till near the end of August (1849), when I was requested by Dr. Ebenezer Skae to see him here, on account of a return of his stomach complaints, in a very urgent form. In the spring of that year they assailed him with increased severity. During the summer they got progressively worse, though with occasional brief intermissions. Latterly, chronic organic disease was suspected; and, after various remedies had been used without any permanent advantage, a gentle course of mercury was recommended by one of his physicians, and had been commenced before I saw him. I found him much emaciated, and extremely prostrate. He vomited most things he took; but for three weeks had taken scarcely any food. The pulse was frequent and feeble; the tongue whitish and clammy; the bowels rather confined; the skin cool; the urine scanty, natural in color, not coagulable by heat or nitric acid. The abdomen was very lank; and in the epigastric and both hypochondriac regions there was no fulness, firmness, tenderness, or dulness on percussion. The countenance was bloodless and sallow; the eyes clear, large, ring-eyed; the expression anxious and dreamy. There was no unusual secretion from the eyelids or nostrils. Suspecting organic disease, I recommended perseverance with mercury, and for the vomiting medicinal naphtha and hydrocyanic acid. In three days more, as he had become worse, I was sent for again; but, on my arrival, I was surprised to find him much more comfortable since the morning, and this without naphtha, hydrocyanic acid, or apparently any other remedy. Meanwhile, however, Dr. Skae had learned that a suspicion was entertained that he took opium in excess. I therefore undertook to tell him that symptoms resembled the after-effects of opium in those accustomed to use it, and he must put his confidence, without any reserve, in his medical attendants. He seemed a little surprised at the announcement; but all he would admit was, that he did acquire the habit three years before, in consequence of using laudanum too heedlessly for toothache; and that after nine months' indulgence, he had broken the habit, though with great difficulty, and with six weeks of constant suffering. This did not satisfy us, however; and, on finding out his druggist, and putting the question, it was discovered that for two years he had been supplied with large quantities of opium in various forms; that at one time his daily allowance was three ounces of laudanum; that latterly he had purchased at the rate of two drachms of hydrochlorate of morphia—that is, about two ounces of opium—every week; and that he had got that quantity only a few days before. The druggist having been bound down by him to secrecy, it was necessary to extort a confession, if possible from the patient, without making use of this information. But it was all in vain. He persevered in denying that he used any preparation of opium; and nevertheless he had just contrived to obtain two additional drachms of hydrochlorate of morphia. He was now removed to airy lodgings, two miles out of town, and from any druggist's shop; and I then intimated to him our positive knowledge of his evil habit—which, however, he began to deny again, until I stopped him abruptly with his druggist's admission. He then surrendered a paper of hydrochlorate of morphia, which he took from under his pillow; and gave his consent for anything we chose to do for the purpose of ridding him of his enemy. We proposed to withdraw the morphia at once and entirely, to administer tincture or extract of Indian hemp at night only, and to allow him every four hours half a glass of brandy, diluted with water—a beverage to which, moreover, it appeared that he was not unaccustomed. At the same time, he was placed under the vigilant observation of a sister, who had come from England to look after him.

"The vomiting, which had previously ceased for some days, owing undoubtedly to the resumption of doses, now recurred with increased severity. For three days and nights, he had excessive retching and vomiting, and extreme muscular prostration; and on the third day frequent watery discharges from the bowels. But, from the first, the brandy relieved the irritability of the stomach for a time, and the Indian hemp was retained in the form of extract, though not in a draught. On the fourth morning, the vomiting and retching ceased. But the diarrhœa continued; neither infusion of catechu nor gallic acid made any impression on it; on the sixth day, there were ten watery evacuations; and therefore a little opium with acetate of lead was used in the way of injection. This had at once the desired effect. On the sixth day, he was able to dress, and sit for half an hour occasionally; which he had not done for two months. Next day, he walked out for half a mile. The pulse had now fallen from 120 to 90; the tongue was moist, and tolerably clean; the appetite, which had begun to return as soon as he ceased to vomit, was good, and digestion undisturbed; he slept well; thirst was his only uneasiness, and his countenance, although still haggard, was nevertheless greatly improved in expression. Medicines were now abandoned. On the eleventh day, having still continued free alike of sickness and of diarrhœa, he set off for England, and made out the journey comfortably. Three months afterwards, I heard that he went on favorably, gaining strength, and abstaining from opium, and also from stimulating liquors, except sparingly for medicinal purposes.

"This case is probably a good illustration of the usual phenomena, when the constitution has been seriously undermined by the use of Opium. It is not easy to imagine a worse case, short of the production of the organic disease. The habit evidently could not have been continued much longer without imminent danger to life. Nevertheless, it was broken off abruptly, without hazard. No one can answer for such cures being permanent. An insane craving, as in the instance of the insane abuse of spirituous liquors, may lead to the habit being resumed. But, at any rate, it would appear from the instances given in this paper that the habit may be easily broken; and that there is no danger in suddenly breaking it, in so far, at least, as we see it in Europe. The knowledge of this fact may give to the physician in like circumstances a confidence and determination, which might otherwise be shaken by the symptoms of alarming exhaustion, but without which he can scarcely inspire his patient with resolution necessary for encountering the trial which must be undergone. It is true that, in some instances, the opium may be withdrawn gradually, in the way recommended by Mr. Little; but I apprehend that, in general, as in the case of habitual excess in the use use of spirituous liquors, patients may be found ready to submit to the physical evils of an abrupt abandonment of the Opium, who will not undertake the moral trial of a gradual reduction." (*American Journal of the Medical Sciences.*)

Reviews and Bibliographical Notices.

1. *Atlas of Venereal Diseases.* By A. Cullerier, Surgeon to the Hospital Du Midi, Member of the Surgical Society of Paris, Chevalier of the Legion D'Honneur, &c. Translated from the French, with Notes and Additions, by Freeman J. Bumstead, M.D., Professor of Venereal Diseases in the College of Physicians and Surgeons, New-York, &c., with about one hundred and fifty beautifully Colored Figures, on Twenty-six Plates. Philadelphia: Henry C. Lea. 1868.

This work reaches us in the form of a quarto of the largest size, to be completed in five numbers, of which Parts I., II. and III. are received. They bring the letter-press up to page 224, and the plates to pl. XIV. The matter already before us, the style of execution, the paper, the engraving, the coloring, are all sufficient to justify all that the publisher has claimed for it. A careful examination can alone authorize an expression concerning the real value of so great a work on a subject so extensive, so complicated, so important.

The first impression we receive in turning over these broad pages and gorgeous engravings is of *thoroughness*, fullness of detail, completeness, *faithfulness, perfection of illustration.* Is it possible, we ask, that all this elaborate description and pictorial art are necessary to render us sufficiently acquainted with a single disease? Surely the very sight of these tableaux must exert a curative influence on human pride.

The introduction leads us at once to the oft-trodden ground covered by the comprehensive term " *Venereal Diseases.*"

We find, first, *gonorrhœal* affections considered as purely inflammatory, not dangerous in themselves—"although they are leading to unpleasant and even serious complications,—having but a transient hold upon the system, the same as may be exercised by any acute inflammation." Other venereal diseases "react upon the whole constitution, attack all the tissues of the body, and produce, or, to speak more exactly, *depend upon* a peculiar diathesis. These constitute *syphilis.*"

As virulent contagious disease is less frequently seen than that which is purely inflammatory, the author says, "it would seem in the case of the former as if a peculiar condition of the system were requisite to enable the specific principle to take root."

Syphilitic affections are developed only after contact of a sound surface with the secretion from a diseased surface. "They constitute a pathological entity, called syphilis, or the pox, which may be defined as follows:—a contagious virulent disease; liable to be transmitted to offspring by hereditary taint; of quite regular course; usually attacks a person only once; is susceptible of cure, but may in cases which are happily exceptional, last during life."

The development of this definition is the first purpose of the author.

The method of study advised is judicious. The elementary didactic works are to be well read; and then we must enter upon that extensive course of observation which can alone give accurate knowledge. The old authors, though not to be chosen as text-books, are still worth reading at a later date.

Fallopius, Fernel, and Therri de Hery have given clear and precise descriptions of venereal disease, and compilations called "Aphrodisiaci," are "very curious and worthy of perusal: one by Aloysius Luisinus includes nearly all the authors who wrote upon these diseases from 1494 to 1560, or, in other words, those who lived contemporaneously, or nearly so with the great epidemic of the 15th century." But most important, after elementary knowledge has been acquired, is "clinical observation, the basis of all study and all practice."

Of the means for acquiring a more exact knowledge of the degree of virulence manifested by the specific poison actually present in a given case the authors dwell at length on the value of confrontation and inoculation.

1. *Confrontation* consists in a clinical comparison of the patient with the person from whom it is claimed or asserted that the infection has been received. On this point a page is added by Dr. Bumstead.

"This method was resorted to by Bassereau to establish the existence of two diseases in what had passed before his day under the common title of 'syphilis.' Since M. Cullerier does not believe in this distinction, it was not to be supposed that he would regard this method of diagnosis with much favor. When practicable, however, it is of the greatest value. Unfortunately it is often the case that the responsible party will not submit to an examination; and it is true, as M. Cullerier says, that this method can only be resorted to in recent cases, but it is chiefly in recent cases that we require this aid. In those of older date we have other available means.

Following the example of Hunter, M. Ricord and his followers have for a long series of years made *inoculation* a test-method of diagnosis. The process consists in "taking the product of any secretion whatever, and introducing it into the skin, either of the patient himself (auto-inoculation), or of a healthy subject. It is practiced like vaccination, with the lancet, by scarification, by denudation of the epidermics by means of a blister, &c."

M. Cullerier places but a slight value on the lessons taught by inoculation. It was this operation "which led Hunter to deny the virulence of constitutional symptoms, and to consider the primary lesion alone contagious. A deeper knowledge of the varieties of chancre has shown how far Hunter was wrong in this opinion." Dr. Bumstead thinks better of it. He says it is not true that "it is now almost entirely abandoned," nor that "it has no longer any thing to teach." For "it is still extensively employed by the modern school of venereal pathologists, as an invaluable and justifiable means in doubtful cases for distinguishing between the true chancre and the chancroid; the latter being auto-inoculable, the former not."

"A valuable suggestion which I have followed with much satisfaction, was, I believe, original with M. Clerc, viz.: to make the inoculations with a pin instead of a lancet, and to penetrate the skin no deeper than the surface of its vascular layer. The advantages are these: a new pin is readily obtainable; its cleanliness may be unquestioned; it does not alarm the patient; the wound is not deep, and will not become affected with phagedena, as deep wounds with the lancet have often done.

M. Cullerier enters at length into the history of syphilis, and finds, as he thinks, ample evidence in ancient authors of the existence of this disease in remote ages, and among all the nations of which the history is comparatively well-known. After quoting largely from the authorities, he concludes that "syphilis has always existed," but that its most striking characteristics ill-interpreted hitherto, were brought out prominently before the world and by the rapid spread over civilized countries of a new and little-understood epidemic which presented many of its conspicuous features. But this epidemic was too little studied and too imperfectly described to enable any body now to declare its real character. The great plagues of the middle ages have furnished some of the darkest pictures of the history of those sorrowful centuries; and that which has been supposed to constitute the original epidemic syphilis, and which was the most revolting and loathsome of them all, has neither been perfectly discriminated from other virulent diseases of that time; nor has it as yet been completely identified with its supposed lineal descendant which still walks through every street and lane of our modern cities, and pollutes the air of every hospital and charitable institution, displaying more boldness and malignancy in all the lands covered by civilization, partially christian, than it ever has in the darkest abodes of heathenism.

The history of the origin of syphilis is, then unsatisfactory; its real nature appears to us equally unknown. M. Cullerier says: "Quite unknown in its essential nature, appreciable by no physical characteristic except its effects alone, the syphilitic virus is less a substance having a special existence than a property accidentally acquired by bodies not ordinarily virulent. If we subject to the most vigorous chemical analysis the pus of a soft chancre, of a hard chancre, of ecthymatous pustules, and of the most ordinary sore, we shall find in them no difference of composition. Let the same products be passed separately under the field of the most skillfully-handled microscope and not the slightest distinguishing characteristic can be detected.

The blood of syphilitic persons, the virulence of which has been proved by experiments to be related further on, reveals under this two-fold analysis no appreciable principle, no characteristic re-action. It is admitted that M. M. Ricord and Grassi have proved a diminution of the red globules of the blood, with a predominance of fibrine; "but this state of the blood is an indication of chloro-anæmia, due either to general syphilitic poisoning or to a particular state of the system, which is not necessarily syphilitic, as for example, in certain phagedenic chancres which are not infecting; and further, this chlorosis, usually prodromic, may disappear, the blood may reconstitute itself and preserve its contagious property." Here Dr. Bumstead interposes a note from his former work ("*Pathology and Treatment of Venereal Diseases,*" p. 511.) The blood of persons affected with chancroids was shown in a second series of analysis by Ricord and Grassi to remain unchanged; and thus these experiments which were performed before the question of the duality of the 'chancroid' virus had been mooted, are confirmatory of the distinction which is now recognized between the chancroid and syphilis."

"Still, as Cullerier suggests, the chloro-anæmia produced by syphilis presents no peculiar characteristics by which it may be distinguished from that due to other causes."

"The syphilitic virus does not act upon the system like those poisons or venoms the gravity of whose symptoms is in proportion to the dose of the deleterious principle. An *infinitesimal* quantity of it is sufficient to produce the effects of syphilitic poisoning,—deep, yet variable according to the individual on whom it is deposited; and it has been correctly said to act by a sort of germination. When a grain is planted, it develops itself under two distinct impulses: that of the interior forces which compose it, and that of the exterior forces which surround it; within it is a germ which tends to unfold itself; exterior to it are a soil and temperature which tend to direct its growth."

The large space of eighty imperial quarto pages is occupied by the introductory review of the history and nature of syphilis. Through much of this space we find the conflicting opinions of dissenting schools amply presented by the author on one side and his editor on the other; our sympathies are generally with the latter. The chief sub-headings are: "*Virulence of the Disease.*"—"*Evolution.*"—"*Inheritance.*"—"*Pathological Anatomy.*"—"*Treatment.*" Under each of these titles striking cases, acute criticisms, and elaborate discussions are introduced; the general effect is, in the main, satisfactory; but, after viewing at length the varying scenes of the panorama we can only say that our respect for traditional medicine and human testimony is not increased. On the question of "*Inheritance*" the most melancholy problems are raised; and, if we may be able to satisfy our own minds with the means of analysis with which we are furnished, we feel perpetually the constrained position in which a medical witness must always find himself who is called upon to enunciate clearly before a court and jury "*the doctrine of* THE BOOKS."

Unfortunately the well-settled, concurrent universally-received doctrines of those same "*books*" are very often rather hard to get a hold of; and an acute attorney always finds it easy to "read up" for a contested case, finding conflicting authorities enough on all sides of each question there or here debated, to confound the cautious and conscientious witness with forgotten theories and forgotten names, and to turn the heads of astonished jurors and stupefied judges.

But we will not blame erudite authors for the wilderness in which they strive to find a pathway. It is not their fault if the traces left by many explorers conspire to form one labyrinth. We may search but a moment for the gate at which our present guides pass out of it.

One point may be considered as settled. M. Cullerier, on the transmission of venereal disease from the mother, says it is demonstrated by facts of every day occurrence. "The inheritance of syphilis from the mother may take place under all circumstances; as soon as the venereal virus is introduced into the constitution of a woman, she can bring forth syphilitic children, it matters not at what stage of the disease she may be, whether she shows at the time evident symptoms or appears, on the contrary to enjoy flourishing health.

"In special hospitals, where syphilitic children are born, if we inquire about the health of the mother, we find that she is either diseased at the time of the birth, or was so during pregnancy, or that she had primary or secondary symptoms before becoming pregnant. Any uncertainty in this respect arises from the systematic denials of self-interest, from forgetfulness or mistake. I am convinced from what I have been able to observe that in city practice also we should arrive at the same result, if, in the investigations of the antecedents of the parents, we were not restrained by many moral and social considerations which a prudent physician would not infringe."

A single case more presents *this* side of this question in a strong and clear light. Dr. Vassal of Paris reports it.

Madame C——, a widow, who had suffered from syphilitic symptoms, had appeared to be thoroughly cured. She married again some time after and give birth successively to two children both of whom died with evident symptoms of syphilitic infection. The second husband died soon after of low fever, without having experienced the slightest venereal symptoms. Madame C—— married a third time, and from this marriage had twins, who died under the influence of the same cause as the preceding children; then she gave birth to a male child who soon had a corona veneris; but being subjected to mercurial treatment it was cured and survived. Yet "after her treatment," says Vassal, "Madame C——, enjoyed vigorous health, was affected with no new venereal symptom, and communicated nothing to either of her husbands; but nevertheless she transmitted syphilis to all the children she brought into the world."

Of this case M. Cullerier says it is "a clear one; it is a fine example of masked syphilis in the mother, manifesting itself in the children. But let us suppose for a moment that the symptoms which the woman formerly exhibited had been misunderstood or forgotten, and that we only knew those of the first husband, might we not have seen in this series of syphilitic children of an apparently healthy mother a proof of syphilitic localization in the ovaries; and if, as was very possible, the three husbands of this woman had had venereal disease either before or during marriage, it would have certainly been considered a clear instance of paternal transmission.

"If I were to deduce any conclusion from all this, it would be the following: The existence of hereditary syphilis is incontestible, but it is due to maternal influence alone. The father has nothing to do with it. It may take place at any age of the fœtus, and at any stage of infection on the part of the mother, whether during the existence of an infecting chancre, during the progress of secondary or tertiary symptoms, or in the interval between these constitutional manifestations, and when the mother may present the finest appearance of health."

Thus with the zeal of a partizan does M. Cullerier labor to establish the correctness of the opinion he has so confidently announced, that through the mother alone can syphilis be inherited by the child. *Our* skepticism on this point is well strengthened by the following safer doctrine still adhered to and declared by Dr. Bumstead:

"That a father presenting syphilitic lesions, or under the syphilitic diathesis, is much less likely to transmit syphilis to the offspring by hereditary taint than a mother under the same condition, is, I believe, true beyond question. I can look back—and doubtless every venereal specialist can do the same—upon a score or more of men, married while secondary or tertiary manifestations were still upon them, or shortly after such had disappeared, and before the virus could reasonably be supposed to have become extinct, who have yet had several children, remaining without spot or blemish to the present day.

"But, on the other hand, to reason merely from this fact that a father *cannot* transmit syphilis to his child without first infecting the mother, is of course unwarrantable. Moreover, cases are reported by the most accurate observers which appear to prove that such a conclusion is contradicted by experience. I have met with such instances in my own practice—instances in which fathers without the slighest external evidence of the disease have impregnated healthy women, and the offspring have shown unmistakeable evidences of the syphilitic taint. It would be superfluous, however, to quote these instances here, when so many are cited in medical literature by such men as Benjamin Bell, Ricord, Trousseau, Diday and others. • M. Diday, especially has investigated this point in his work on Infantile Syphilis, and gives us numerous cases and authorities."

Having now quoted far enough to get a clear expression of the safest doctrine and that which will most surely prevail ultimately, we are content to drop the subject of hereditary transmission just here. Other authors go farther than we can afford to follow them.

The manifestations of inherited syphilis in children have allotted to their delineation a large space in this elaborate "Introduction." The descriptions and history are too long to be transcribed here; but an effort to glean out and bring within a small field of view the *prominent* symptoms will be in some degree useful though it may give but an imperfect presentation of the author's display of the same subject.

Leaving out some infantile affections which have been erroneously supposed to be of syphilitic origin, we find the author arranging pemphigus with the same eliminated diseases. He says, "it is only at the moment of birth and upon weakly children that we observe pemphigus; whereas, the usual and undoubted symptoms of hereditary syphilis appear at the age of two or three months, and when children having been born in good condition, have up to that time preserved every appearance of health."

The signs of hereditary syphilis in children have been by many authors inaccurately given. They have erred by including among them "small size, weakly aspect or wrinkled skin, which as Doublet says, make them look like little old men, or appear emaciated."

"In the immense majority of cases the child who derives from its mother the syphilitic virus, if it lives through its full uterine term is born in good condition, and during two or three months is normally developed; but about this time, sometimes sooner, rarely later, certain general symptoms are manifest, which are the precursers of a venereal disease about to appear. The child nurses with less avidity, and sleeps badly; the bowels are disturbed, the skin of the face becomes discolored, and takes on a bistre hue, and soon unequivocal signs of syphilis are revealed. Generally these are mucous tubercles, at first about the anus, afterwards on the genital organs and in the folds of the skin, and on any part of the body soiled by urine or fœcal matter."

"At the same time with these tubercles, there may be spots on the abdomen and chest, which are really roseola, but often so fugitive in character that they are unnoticed, or they are taken for simple erythema, which is so common in sickly children who are not kept clean."

Some rarer forms of skin-disease are: papulæ; impetigo; a pustular affection appears on the head and face of children who have also mucous patches and roseola. On the re-occurrence of the disease these manifestations and also lichen and ecthyma are most common.

Lesions of the osseous, fibrous and cellular tissues are not generally seen as early symptoms of transmission, but they occur sometimes. But when syphilis begins on the skin and mucous membranes, it afterwards proceeds to these textures if not arrested by treatment.

Chronic coryza presents itself as a symptom of the attack of the disease on the bones of the nose. Where the bones are sound and only the skin and mucous membrane are affected the chronic coryza is less frequently seen.

Such are outline symptoms only of the infantile diseases of the children of infected mothers. It is usual for the child to be born in apparent good health, and to continue, in appearance, well with "every indication of a good constitution, especially if the mother during her pregnancy, has not been in an advanced state of cachexia, and has not been *exhausted by moral emotions and physical privations*, or by excessive treatment with Mercury or Iodine."

Bassereau (*On Affections of the Skin Symptomatic of Syphilis*,) gives the opinion that new-born children affected with hereditary venereal disease, "always present symptoms of the same order as those with which the parents were affected at the time of procreation; and that they are consequently exempt from such previous symptoms as cannot occur in the parts a second time."

Maisonneuve and Montanier "give the name of *scrofuloïdes* to those affections of the bones, the articulations, the mucous membranes and sometimes of the internal organs, which we find in children, and which begin to manifest themselves about the age of five, ten, fifteen years or more." They distinguish these forms of disease resembling scrofula from real scrofula more by the effect of Iodine than by characteristic symptoms.

The remedy cures the *simulated* disease "with a rapidity almost magical," while in real scrofula it has less effect.

A glance through the introduction brings us to the main edifice, which the reader will prefer to explore for himself. The programme so far as we have received it, is sufficiently extensive and attractive to invite to further acquaintance.

Part I. *Blennorrhagia. Chapter* 1. *Blennorrhagia in Man.*—History. Seat.—Causes.—Nature.—Symptoms.—Pathological Anatomy.—Progress.—Termination—Diagnosis, &c.—Blennorrhœa.—Treatment.—Complications: —a lengthy section illustrated by two plates withe fourteen finely colored figures. *Blennorrhagic Ophthalmia.* One plate, ten illustrations. *Blennorrhagic Arthritis Chapter* 2. *Blennorrhagia in Women.*—Many complications; fourth and fifth plate, 15 figures.

Chapter 3. *Vegetations.*—This section extends to page 189, with plates VI. and VII.

Part II. *Chancres. Chapter* 1. *Soft Chancres.*—Plates VIII, IX, X, XI, XII, XIII, XIV. The illustrative figures are numerous and so faithfully accurate that the partially educated physician could not be misled by them.

Our object in noticing this extensive and finely executed work has only been to tell something about it,—not *all* about it; to extract some specimens of the style in which its teachings are given; and catch at some facts or doctrines which, if elsewhere to be found, are not in all quarters sufficiently appreciated. The pictorial illustrations we can neither reproduce or describe. So long as the saddest results of human frailty and folly shall continue to appeal to medical science for palliation, their portraitures displayed on these broad pages will be studied by the syphilologist who, obliged to try to relieve them, will desire to *know them as they are.*

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2. *Transactions of the Twentieth Session of the American Institute of Homœopathy.* Held in New-York, June 4th, 5th, 6th and 7th, 1867. Volume I., New Series, No. 1. Boston. 1868. 8vo.

WE have now a volume of several hundred pages, in which we recognize a full and faithful report of the proceedings of the Institute in June, 1867. In literary execution, printing, paper and artistic finish, the work is equal to the best specimen of the publications of learned societies anywhere. In coming nearer to the ideal in the mind of the ever-vigilant Secretary, it meets the expectations of the members and adds prestige and character to the Institute.

The abstract of proceedings of the Institute already published in our JOURNAL, indicated the number and variety of topics which engaged its attention at the New-York meeting: how much those proceedings rise in dignity and importance, when we have the opportunity to see them in full, will be realized by each reader who begins the perusal of the present volume. Indeed, the character and national importance of the Institute imperiously demand that its transactions of every session be reported *in full*. Discussions on all important subjects must be given verbatim, or nearly so, to do the speakers on the subjects justice; and speeches that do not deserve to be reported had better not be made. The reporting and printing of speeches cost money. The hearing of them also costs the time and expenses of two or three hundred physicians, every one of whom makes other sacrifices not easily estimated. Let us then have the speeches; but let them be plain, concise, useful,—enough so to interest a few hundred professional men,—but worth reporting, printing and sending forth to the thousands of professional brethren in America and Europe, who are not able to hear them. Henceforth the American Institute will speak with a clear and intelligible utterance from all the states of the Republic to all the nations with which it holds intercourse.

The Committee on Publication begin their "*New Series*" of publications by making the following improvement in arrangement:

"As the Transactions were formerly arranged, it was impossible to properly compile and print any portion until all the important matter was received. To obviate this difficulty and delay in the future, and in order to better classify the publications of the Institute, it has been deemed advisable to arrange the matter in sections, each to be paged separately and added to, year by year, so as eventually to form complete volumes from each of the bureaus. These, with suitable title-pages and indexes, will be valuable additions to the libraries of the members. The committee have therefore felt justified in calling this a NEW SERIES."

In looking over the discussions and papers which we have here in a readable form, we notice many points of permanent interest. We need not extract many specimens of remarks, cases or suggestions, incidentally thrown in. A few we find hard to pass over. In the discussion on Medical Ethics,

Wm. H. Watson, M.D., of Utica, says: "I claim that we should never apply the term "regular" to allopathic physicians; for if there is any regularity, it belongs to us. The "regular" is derived from the Latin *regula*. Now if it applies to any body of physicians, it applies to those who have some rule of practice. The terms "regular" and "irregular" as usually applied, are entirely wrong, and I think we should not admit their present use under any circumstances. The general attitude we now assume to the old school is the point to which I would direct my attention."

In course of a discussion, based upon Dr. W. E. Payne's proving of the Tiger-lily, Dr. P. P. Wells said:

"One proof, introduced by my friend Dr. Payne, so eminently illustrates a principle involved in the matter of drug-provings, that I could not ask for a better. You all remember what became of the individual who took so large and frequent doses of the Tiger-lily. The system made an endeavor to get rid of the poison as quickly as possible, and thus furnished comparatively few pathogenetic symptoms. That is the general history of such attempts at proving. You get very few symptoms; and, so far as we are able to deal with them, they are comparatively of very little importance.

"What is the object of the proving of drugs? My friend, Dr. Williamson, has explained it in part, as he could hardly fail to do, being *Dr*

Williamson, and an expert in this matter. The object of proving a drug is, to ascertain its action upon the healthy organism, and thereby to discover such of its effects as will be of use in treating the sick. All else is of no value whatever. If you take one hundred drugs of almost any kind, you will get some general symptoms, common to all, such as increased flatulence, and, perhaps, acute pains in the abdomen, diarrhœa, and so on, while you have failed to get at those more recondite and infinitely more valuable phenomena, which enable the practical physician to select the drug adapted to the morbid condition of the vital forces.

"In the re-provings of Natrum-muriaticum, made in Vienna, many of the provers took this course. Dr. Fohne went so far as to take several ounces of that drug at a dose, and got no symptoms at all. He then took smaller doses, and repeated them to the point where he did realize symptoms, and then stopped. The result was one of the most important in the whole series of drug-provings. And another result was additional light upon the true method of proving drugs. Now, if you wish to get the symptoms which will enable you to use any drug efficiently in the treatment of disease, you must give the vital forces of the human system an opportunity to receive its impressions, before ridding itself of the poisonous substance. It must, therefore, be introduced gradually up to the proper point, wherever that may be; then you will obtain reliable symptoms, and be able to use it for the cure of disease.

"Some of those who are most experienced in the proving of drugs, and most successful in the cure of the sick, have entertained this notion: The slower the drug may be to produce a particular effect, the greater will be the efficacy of the remedy in that direction. The symptom which is developed immediately on the ingestion of the drug is, comparatively, of little importance. It is precisely this point to which I wish to call attention. It is not by violent assaults upon the organism that we are to get the phenomena which give us our power as practical physicians."

Further remarks on this subject were made by Drs. Wells, McManus, Thayer, Bull, Cooke, Morgan, Williamson, McManus, D. D. Smith, Morgan, McManus and B. F. Bowers.

Of other questions presented and debated we have too little room to give any abstract or analysis. The importance of the American Institute of Homœopathy will now be more fully appreciated by the whole medical profession than it has ever been before. Its true mission is more and more fully understood. Its sessions will hereafter be attended by those members of the profession who take the deepest interest in perfecting the sciences; who already know more than ordinary men ever learn, and for that reason they are more desirous than ever to extend their knowledge.

The present volume contains: SECTION I., pp. 160. 1. Proceedings of the Institute.—Twentieth Session.

2. Annual Address. N. F. Cook, M.D.

3. Report of the Committee on a Complete Code of Medical Ethics. Carroll Dunham, M.D. The Constitution, &c. List of Members, June, 1867. Deceased Members.

SECTION II. Report of the *Bureau of Materia Medica*, pp. 98. Drug-proving and proving of Pulsatilla-nuttalliana, by Dr. C. Wesselhœft. Provings of Hydrastis-canadensis, Dr. W. Williamson. Lilium-tigrinum, Wm. E. Payne, M.D.

SECTION III. Report of the *Bureau of Clinical Medicine*, pp. 50. Reports by Drs. H. D. Paine, D. H. Beckwith, S. G. Comstock, Wm. Hause.

SECTION IV. Report of the *Bureau of Obstetrics*, pp. 30. Reports by Drs. Henry N. Guernsey, John C. Sanders, E. G. Cook.

SECTION V. Report of the *Bureau of Surgery*, pp. 40. Reports by Drs. Wm. Tod Helmuth, B. W. James, Geo. F. Foote, S. H. Willard, S. T. Hotchkiss, N. F. Cooke, C. Theodor Liebold, W. James Blakeley.

SECTION VI. Report of the *Bureau of Organization and Statistics*, pp. 66. Report by Dr. Francis H. Krebs. Reports of Homœopathic Institutions, Societies, Colleges, Dispensaries, Medical Journals, &c.

Obituary Notices by Dr. H. D. Paine, including: Drs. B. F. Joslin, Edwin C. Witherill, Hunting Sherril, Richard Bloss.

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3. *The Dartrous Diathesis; or, Eczema and its Allied Affections.* By A. HARDY, M.D., Physician to the St. Louis Hospital, Paris. Translated by Henry G. Piffard, M.D., late House Surgeon, Bellevue Hospital, &c. New-York: Moorhead, Simpson & Bond. 1868.

THE prominent feature of this work is found in the author's intelligible discrimination between some affections, well-known to hold some degree of relationship to each other, though that relationship is not always easily traced. The author recognizes three diatheses; these are: The SYPHILITIC, the SCROFULOUS, the DARTROUS *diathesis*. The dartrous diathesis is recognized in all those affections of the skin which are "non-contagious, which often transmitted hereditarily, are reproduced in an almost constant manner, and which present for their principal symptoms itching and a disposition to invade new regions."

The dartres are arranged under the four heads following:

Eczema, *Lichen*, *Psoriasis*, *Pithyriasis*.

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4. *Books and Periodicals Received.*

AMERICAN HOMŒOPATHIC OBSERVER. April, May, June, July, 1868. Ustilago-madis, by W. H. Burt, M.D. Monograph on Fevers, by Temple S. Hoyne, A. M., M.D., Chicago, (concluded.) Phytolacca in Neuralgia, by G. E. Swan, M.D., of New Castle, Ind. Prairie Itch, by Dr. D. Bullard. Editorial Observations. Homœopathy in Michigan State University.

MEDICAL INVESTIGATOR. Chicago. May, June, July, 1868.

WESTERN HOMŒOPATHIC OBSERVER. St. Louis. May, June, July, 1868. On the publication of this number Prof. Helmuth sails for Europe. Health, safety and happiness go with him.

HAHNEMANNIAN MONTHLY. Phila. May, June, July, 1868.

NEW ENGLAND MEDICAL GAZETTE. Boston. May, June, July, 1868.

THE MEDICAL RECORD. A semi-monthly journal of Medicine and Surgery. New-York. June, July, 1868. Wm. Wood & Co., 61 Walker-st. 4to. pp. 24. This number of a widely circulated and valuable journal contains: *Original Communications.* Original Lectures. Notices of the Progress of Medical Sciences. Editorials, Reviews and Notices of Books. Reports of Societies. Medical News and Items. New Publications.

LA HOMŒOPATIA. Monthly publication of the United States of Columbia. Ano III. Entrega 3d 1868. Bogota. Agents: London: Groombridge & Co. New-York: Wm. Radde, 550 Pearl-st. Paris: M. M. J. B. Bailliere et fils, Rue Hautefeuille, Número 19.

THE JOURNAL OF MATERIA MEDICA.

PACIFIC MEDICAL AND SURGICAL JOURNAL. Bancroft & Company. San Francisco, Cal. April, May, June, July, 1868.

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5. *The Half-Yearly Abstract of the Medical Sciences.* Philadelphia: H. C. Lea. 1868. Semi-Annual. 8vo. pp. 228. Vol. XLVI.

THIS useful and comprehensive epitome of the year's discoveries, researches and efforts at improvement in medical science, continues to maintain the character it established about twenty years ago. It still claims to be "An Analytical and Critical Digest of the principal British and Continental Medical Works, published in the preceding six months:" and in addition to the matter extracted from independent treatises, "it presents an abstract of all that is important or interesting in about sixty British and Continental journals." It occupies *this* field of ligitimate medical journalism respectably. The labor of condensing and compressing in a convenient, useful shape many works too extensive and too numerous to be universally purchased and read, is known to be arduous by those who have tried it; and so honorable is it admitted to be, that the courts have often decided that the author of an abridgement was not only excusable for extracting from ponderous volumes their really valuable parts, but that he deserved more credit for making in this way a *small* book, than the authors he dissected did, for making large ones. All good practical books are made up, like the best remedies used by Paracelsus, of the "quintessences, of many larger ones. The Table of Contents and Index of each volume are both full enough to render the articles they refer to available and useful.

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6. *Boston Medical and Surgical Journal.* Vol. LXXVIII. New Series, Vol. I., No. 1.

THE number for February 6th, 1868, is the first of a new series, enlarged in size to sixteen pages of the largest size, (8vo in form,) exclusive of eight pages of advertisements. It brings us therefore one-fifth more matter, and of a more diversified character than ever before, and takes the present opportunity to recall to the memory of older as well as younger journals some interesting facts relating to its auto-biography:

The Medical and Surgical Journal is now just forty years of age. Its publication was commenced in February, 1828, by Drs. John C. Warren, Walter Channing and John Ware, who had already edited the New England Quarterly Journal of Medicine and Surgery since 1812.

The Boston Medical Intelligencer was commenced as a small weekly quarto by Dr. J. V. C. Smith in 1823. In 1828 it was merged in the present journal, which bids fair to outlive its predecessors.

Miscellaneous Items.

1. *American Institution of Homœopathic Pharmacy.*

A Meeting of Homœopathic Pharmaceutists was held in Philadelphia, June 24th, 1868, in accordance with the following circular:

"*Homœopathic Pharmaceutists' Convention.*

Dear Sir,—

Recognizing the fact that in homœopathic pharmacy it is of great importance that there should be: *First:* Uniformity of Preparation; *Second:* Uniformity of Notation; *Third:* Uniformity of Measure; we deem it advisable that the homœopathic pharmaceutists should meet in convention to discuss these subjects with such others as may present themselves. We therefore invite you to meet in Philadelphia, on Wednesday, June 24th, at 10 o'clock, A. M., at F. E. Bœricke's Pharmacy, 635 Arch-st.

Please favor us with an early response, embodying your views.

You may address either of the undersigned:

William Radde, *New-York*,
John T. S. Smith & Sons, *New-York*,
F. E. Bœricke, *Philadelphia*,
Smith & Worthington, *Cincinnati*,
A. J. Tafel, *Philadelphia*.

May 16th, 1868."

There were present: Wm. Radde, of New-York; John T. S. Smith, of John T. S. Smith & Sons, New-York; F. E. Bœricke, M.D., of Philadelphia; G. W. Smith, of Smith & Worthington, Cincinnati; A. J. Tafel, of Philadelphia; Henry M. Smith, M.D., of John T. S. Smith & Sons, New-York; M. Seavey, of Portland, Me.; John J. Boone, of Baltimore.

The meeting was called to order by Dr. Bœricke, who explained its object, and

On motion of M. Seavey, John T. S. Smith was elected chairman, and

On motion of Dr. H. M. Smith, Dr. F. E. Bœricke was elected secretary.

On motion, the chairman appointed W. Radde, H. M. Smith and A. J. Tafel, committee on organization.

The secretary read communications from the following gentlemen, who expressed themselves in favor of a pharmaceutical organization: *J. G. Backofen & Son*, Pittsburgh, Pa.; *J. J. Boone*, Baltimore, Md.; *Otis Clapp*, Boston; *C. S. Halsey*, Chicago, Ill.; *E. A. Lodge, M.D.*, Detroit, Mich.; *H. C. G. Luyties*, St. Louis, Mo.; *J. W. Munson*, St. Louis, Mo.; *N. C. Peabody*, Boston; *G. M. von Schlieben*, Chicago, Ill.; *M. Seavey*, Portland, Me.; *John T. S. Smith & Sons*, New-York; *M. A. Smith & Co.*, Brooklyn, N.-Y.; *Smith & Worthington*, Cincinnati, O.; *W. Sommer*, New-York; *S. Whitney*, Boston.

On motion of Mr. A. J. Tafel, the communications were received and placed on file.

On motion of Dr. F. E. Boericke, the meeting took a recess for refreshments.

After recess, Dr. W. Williamson, chairman of the *Committee on Nomenclature* of the *American Institute of Homœopathy*, was invited to a seat in the convention. Dr. Williamson spoke of the benefits that would arise to the physicians, pharmaceutists and the cause of Homœopathy, from the co-operations of all connected with our school and congratulated the members of the convention on their proposed organization. The committee which he represented would be glad to confer with, assist and receive suggestions from this body.

Dr. H. M. Smith, on behalf of the Committee on Organization, reported the following draft of Constitution and By-Laws, which was received and discussed; and

On motion of Messrs. G. W. Smith and A. J. Tafel, the following constitution and by-laws were adopted.

PREAMBLE.

We, the subscribers, homœopathic pharmaceutists, desirous of advancing homœopathic pharmacy, do hereby form an association for that purpose, and for our guidance adopt the following constitution and by-laws.

CONSTITUTION.

Art. I. This association shall be styled the *American Institute of Homœopathic Pharmacy.*

Art. II. The Institute shall be composed of the pharmaceutists present at the meeting of organization and of such others as may be hereafter duly chosen in conformity with its by-laws.

Art. III. The officers of the Institute shall be a President, Secretary and a Treasurer, to be chosen at such time, in such a manner and for such a period as may be designated in the by-laws.

Art. IV. The Institute shall have and use one common seal with a suitable device and inscription.

Art. V. This Constitution may be altered or amended by a vote of two-thirds of the members present at an annual meeting, provided that notice of such alteration or amendment shall have been given in writing, at a previous annual meeting of the Institute.

BY-LAWS.

Art. I. The Institute shall hold at least one session in each year, at such time and place as may be determined upon from time to time. Five members shall constitute a quorum.

ART. II. The officers shall be elected at each annual meeting by ballot, and shall remain in office until their successors are chosen.

ART. III. The President shall preside at the meetings of the Institute, appoint committees not otherwise ordered, and perform such other duties as pertain to his office.

ART. IV. The Secretary shall keep a record of the proceedings of the meetings, which shall at all times be open to the inspection of members, give notice of meetings, conduct the correspondence, unless otherwise provided for, and perform such other duties as pertain to his office, or may from time to time, by vote of the Institute, devolve upon him.

ART. V. The Treasurer shall collect all money belonging to the Institute, keeping an account of the same, make disbursements when ordered by the Executive Board, and report annually in writing the condition of the treasury.

ART. VI. The President, Secretary and Treasurer shall constitute an Executive Board, who shall receive and examine the applications of candidates for membership, and report to the Institute for election at any meeting such as may be found properly qualified.

ART. VII. Any homœopathic pharmaceutist who prepares and sells homœopathic remedies, and who presents a written recommendation, signed by three members of this Institute, to the Executive Board, may be elected a member of this Institute, provided he does not prepare or sell secret or patent remedies.

ART. VIII. No one shall be considered a member until he shall have subscribed to the constitution and by-laws, and paid an initiation fee of $25.

ART. IX. Each member shall pay annually in advance the sum of $5. Any member who shall be in arrears one year after being notified of his indebtedness shall thereby forfeit his membership.

ART. X. These By-laws may be altered or amended by a two-third vote of the members present at any annual meeting.

Adjourned to meet on Thursday, the 25th inst., at 9.30 A. M.

Thursday the Institute met at 9.30 A. M. Mr. J. T. S. Smith in the chair.

On motion of Mr. G. W. SMITH the Institute elected officers for the ensuing year with the following result:

WILLIAM RADDE, New-York, *President*,
HENRY M. SMITH, M.D., New-York, *Secretary*,
F. E. BŒRICKE, M.D., Philadelphia, *Treasurer*.

Mr. RADDE, on taking the chair, made a few apropriate remarks, thanking the members for their courtesy in electing him President, and expressing the hope that the Institute now organized would be a means of spreading Homœopathy and promoting fraternal feelings between all the pharmaceutists.

Mr. J. T. S. SMITH exhibited a French measure, which he had used as a standard for tube-vials and likewise for globules. It was necessary to adopt some standard other than the arbitrary system of numbering, as at present in use, to denote the size of vials, globules, &c., and for his own use he had adopted the French millemetre as being smaller and more convenient than the fraction of the English inch. He suggested that globules measuring one millemetre in diameter could be called "No. 1.;" if a globule measured two millemetres, it could be called "No. 2," and so on, the number designating the diameter in millemetres.

Mr. G. W. SMITH suggested that instead of one globule being measured, ten should be the standard, and the number of millemetres they measured should be the number by which they would be designated.

Mr. SMITH thought the suggestion a good one, as thereby intermediate sizes could be measured; as between 20 and 30 we would have 25 instead of 2½ between 2 and 3.

On motion of Mr. G. W. SMITH, the French millemetre was adopted as the standard of measurement.

On motion of Mr. J. T. S. SMITH it was

Resolved, That in designating the size of *Globules*, the measurement of ten diameters in millemetres shall be the number by which they are called.

Mr. J. T. S. SMITH spoke of designating the size of vials by their exact measurement; as for example a vial about the capacity of a drachm would measure sixteen millemetres in diameter and forty millemetres in length, this be called 1640, always giving the diameter first. There could be no mistake in this method, as No. 935 would be understood as 9 millemetres in diameter and 35 in length, and not 93 in diameter and 5 in length, therefore

On motion of Mr. J. T. S. SMITH it was

Resolved, That in designating the size of vials, the diameter in millemetres shall precede the length in millemetres, and be read as one number.

On motion of Drs. H. M. SMITH and BŒRICKE, a committee, consisting of five members, was appointed on pharmacopœia.

On motion of Mr. J. T. S. SMITH and Dr. BŒRICKE, the committee was empowered to add to its number, and directed to report at the next meeting.

J. T. S. Smith, H. M. Smith, F. E. Bœricke, A. J. Tafel and G. W. Smith were appointed the Committee on Pharmacopœia.

Dr. H. M. SMITH offered the follow preamble and resolutions, which,

On motion of Mr. G. W. SMITH, were unanimously adopted.

Whereas, several homœopathic pharmaceutists, being unable to attend this meeting, have responded to the circular of invitation, signifying their approval of the movement, therefore be it

Resolved, That the following pharmaceutists, from whom communications have been read, and who have expressed a desire to be members of the Institute, shall be considered such on subscribing to the Constitution and By-laws, on or before August 1st, 1868, and paying the annual dues.

Resolved, That the Secretary be directed to communicate with these gentlemen as early as convenient.

Names of Pharmaceutists: J. G. Backofen and — Backofen, of J. G. Backofen and Son; Otis Clapp; C. S. Halsey; E. A. Lodge; H. C. G. Luyties; J. W. Munson; N. C. Peabody; G. M. von Schlieben; F. P. Smith, of J. T. S. Smith and Sons; M. A. Smith and — Smith, of M. A. Smith & Co.; S. Whitney; — Worthington, of Smith & Worthington.

On motion of Messrs. G. W. Smith and H. M. Smith it was

Resolved, That in designating the attenuations, the Hahnemannian or centesimal scale shall be understood, unless otherwise specified.

On motion of Messrs. G. W. Smith and Bœricke it was

Resolved, That the next annual meeting of the Institute be held in Cincinnati, on the last Wednesday in June, 1869.

The minutes were read and approved.

On motion of Dr. Bœricke the Institute adjourned to meet at the call of the Executive Board.

HENRY M. SMITH, *Secretary*.

2. *The American National Institute.*

It has been proposed by a few gentlemen of New-York to found an Institution for the promotion of literature, science and art in this country on a more extensive and comprehensive scale than has hitherto been attempted in the Western Hemisphere. A circular already issued has been responded to by a large number of the most distinguished savans of the various departments of learning; and the new American Institute may be regarded as already inaugurated, though much remains to be accomplished.

Ordinary learned societies have generally been devoted to the cultivation of one or more favorite departments of science. The Royal Society of London, which has now been in existence for more than two centuries, was almost exclusively devoted to the practical application of the physical and mathematical sciences. The French Academy was founded by Cardinal Richelieu in 1633, but brought into more definite shape by the great Financial Minister of Louis XIV., Colbert, in 1666. Its first purpose was the establishing of an authoritative standard of the French language. It was afterwards enlarged until it at present comprises five branch academies:

1. French Philology, Rhetoric and Poetry.
2. History, Ethnology.
3. Physical Sciences.
4. The Fine Arts.
5. Moral and Political Sciences.

The number of persons to whom the honors of the French Academy are limited, and the traditional prestige with which it is surrounded, has always rendered an admission into it an object of intense ambition among the cultivators of learning in France, and an object of envy and jealousy on the part of those who have failed in their efforts to gain admission into its ranks.

In America we have already had many societies for the promotion of the various branches of human learning. Earliest and, long ago, most distinguished was the *American Philosophical Society*, founded in 1769. Its earlier presidents had fame enough of their own to give character to the society through many a future year. Franklin, Rittenhouse and Rush are not forgotten by anybody; though some scholars may not yet know much of the *American Philosophical Society*.

The new National Institute above mentioned is designed to be less exclusive in character than the learned academies of Europe or those devoted to specialities or narrower fields of learning in this country. It comprises the following different academies which are already announced:

1. Philosophy and Moral Science.
2. Political Economy and Law.
3. Commerce and Finance.
4. The Natural Sciences.
5. The Medical Sciences.
6. Letters.
7. The Fine Arts.
8. The Physical, Mathematical and Mechanical Sciences.

Of its thorough organization and future operations we hope to be able to give further notice on many future occasions.

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3. *Western Institute of Homœopathy.* Session at Milwaukee. Synopsis of Proceedings, Officers Elected, &c.

MILWAUKEE, WIS., May 22, 1868.

The Western Institute of Homœopathy has just closed a two days' meeting in this city. The attendance has been large, members being present from ten of the different Western States. The sessions were opened with an eloquent address of welcome on behalf of the physicians of Milwaukee by Dr. J. S. Douglas, which was responded to by the President of the Institute, Dr. R. Ludlam, of Chicago.

The first day was occupied with the reading of reports upon medical and surgical subjects, among which were the following. Dr. G. D. Beebe, of Illinois, on a new mode of operating in excision of the lower jaw; Dr. J. T. Boyd, of Indiana, on the use and abuse of pessaries; Dr. Chittenden, of Wisconsin, on Trichiniasis; Dr. T. C. Duncan, of Illinois, on Nephritis; Dr. T. P. Wilson, of Ohio, on Fistula in Ano; Dr. E. C. Franklin, of Missouri, on tumors of the lower jaw; Dr. A. E. Small, of Ill., on Medical Education; Dr. G. W Bowen, of Indiana, on Malaria; Dr. J. S. Douglas, of Wisconsin, on Clinical Cases; Dr. R. Ludlam, of Illinois, on Recent Improvements in Obstetrics and the Diseases of Women and Children; Dr. G. W. Perrine, of Wisconsin, on Prolapsus Uteri; Dr. E. M. Hale, of Illinois, on Materia Medica; Dr. S. B. Parsons, of Missouri, on Anatomy of the Foot; Dr. T. J. Patchin, of Wisconsin, a Clinical Case of Heart Disease. Each of these reports was subsequently taken up and thoroughly discussed, phonographic notes of the debate being taken for publication in the Transactions of the Institute. A committee of five was chosen to report at the next meeting upon Medical Education, with especial reference to the duties of Preceptors. On Thursday evening a magnificent dinner was given at the Kirby House to members of the Institute by resident physicians of this city. Some two hundred ladies and gentlemen were present, and participated in the festivities of the occasion. Among other toasts offered was, "The City of Chicago; first, or much mistaken;" which was responded to in a most facetious vein by the President of the Institute, Dr. Ludlam.

All in all, the Convention has been a success. The reports, the speeches, the spirit, and character of the members present, their dignity and general demeanor are greatly to be commended. Your correspondent has never known so much business of a similar character despatched so thoroughly in so short a time, and with less of fret and friction. Among the more notable visitors and members present were Drs. C. J. Hempel, Professor of Theory and Practice of Homœopathy in the University of Michigan, Dr. A. J. Bellows, of Boston, author of a popular work on Physiology, and Dr. Jeanes, of Philadelphia, delegate from the Medical Society of Pennsylvania.

The following is a list of Scientific Committees chosen to report at the next meeting: General Pathology, Dr. J. D. Craig, Michigan; Diphtheria, Dr. A. R. Smart, do; Co-relation of Pathogenesy and Pathology, Dr. C. J. Hempel, do; Medical Electricity, Dr. C. J. Harris, do; Trichiniasis, Dr. G. W. Chittenden, Wisconsin; Malignant Erysipelas, Dr. M. F. Page, do; Fractures, Dr. G. W. Perrine, do; Diphtheria, Dr. A Kendrick, do; Popularizing Homœopathy, Dr. J. S. Douglas, do; Chronic Diarrhœa, Dr. N. A. Gray, do; Asthma, Dr. A. G. Leland, do; Granular Conjunctivitis, Dr. J. T. Boyd, Ind.; Operative Surgery, Dr. E. C. Franklin, Mo.; Anatomy, Dr. S. B. Parsons, do; Surgery, Dr. G. D. Beebe, Ill.: Tuberculosis, Dr. A. E. Small, do; Ante-natal influences, Dr. A. R. Bartlett. do; Clinical Practice, Dr. S. Pratt, do; The Obstetric Forceps, Dr. R. Ludlam, do. Bright's Disease, Dr. T. C. Duncan, do; Longevity, its physical signs, Dr. D. H. Beckwith, of Ohio.

The following is a list of the officers elected for the ensuing year: President—Dr. J. P. Dake, of Ohio; 1st Vice-President—Dr. J. T. Boyd, Indiana; Second Vice-President—Dr. G. Workley, Iowa; Treasurer—Dr. G. W. Perrine, Wisconsin; Corresponding Secretary—Dr. E. A. Lodge, Michigan; Recording Secretary—Dr. C. Duncan, Illinois; Censors—Drs. Patchin, Wisconsin, Beebe, Illinois, Barker, Illinois, Smart, Michigan, and Parsons, of Missouri.

The next meeting of the Institute will be held in Ann Arbor, Michigan, in May, 1869. (*Chicago Republican.*)

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4. *Homœopathic Mutual Life Insurance Company of the City of New-York.*

Less than four years ago the directors of the "*General Provident Assurance Company*" of London, after a thorough comparison of hospital and life Insurance statistics, reached the conclusion, that the different systems of medical practice had each its influence in lengthening or shortening human life. To them the evidence collected was sufficient to prove: 1. "That persons treated by the *homœopathic system* enjoy more robust health, are less frequently attacked by diseases, and when attacked, recover more rapidly than those treated by any other system;" 2. "That the *mortality* of the more dangerous diseases was *smaller*, *fewer cases were* regarded as incurable," and the medicines used by homœopathists did the service of curing, without injuring their patients; 3. "That the remedies and measures employed by allopaths were often more dangerous than the diseases against which they were directed.

Such was the result of a most important investigation. It had been ordered by business men for commercial purposes, and was "conducted with that marvellous precision which has exalted the investigations of the assurance offices of England to the rank of scientific verities." This London company, having proved that the "*chances*" of long life were better under homœopathic than any other treatment, acted upon it by at once proposing "to insure persons treated on that system at a LOWER RATE OF PREMIUM THAN THAT CHARGED ON OTHER LIVES."

The success of this company, when known in this country, suggested the formation of American companies on a similar basis. We have now in successful operation:

1. THE HAHNEMANN LIFE INSURANCE COMPANY, Cleveland, Ohio.
2. THE ATLANTIC MUTUAL LIFE INSURANCE COMPANY, Albany, N.-Y.

The operations of these companies have been often noticed in this journal. They have now as a rival, competitor or supporter in their work

3. THE HOMŒOPATHIC MUTUAL LIFE INSURANCE COMPANY OF THE CITY OF NEW-YORK.

The "purposes and objects" of this new company have been already made known to the public through many publications of its own: it is not necessary here to give more than a brief extract from its address

"*To the Homœopathic Physicians of the United States.*"

"This Company has not been formed solely with a view to offer insurance at lower rates to those adopting the homœopathic practice, but intends to spread abroad, by every means in its power, facts and arguments calculated to make converts to the new school of medicine, and thus multiply the number of those from whom it hopes to receive a large share of its business. Every advertisement it puts forth, every pamphlet, circular and handbill it distributes, will be a plea for the new against the old—for a rational system of practice as opposed to that which the discoveries of modern science are rapidly rendering obsolete.

This work will not be confided entirely to non-professional hands, although strictly scientific discussions are, of course, no part of our plan. We shall be aided by counsel, and occasionally by the pens of the most distinguished leaders of the modern school, who have already signified their deep interest in our enterprise. Our desire is to make a much-needed and most beneficent reform go hand in hand with the pursuit of a legitimate business object—thus rendering that reform so far self-supporting that it shall call for no direct contributions of money from any quarter. We rely upon such aid as may be legitimately invoked for it as a matter of business only.

This being our programme, we confidently ask the active support and sympathy of the great and growing constituency of *professional homœopathists of the United States.*"

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5. *Homœopathic Medical College of Pennsylvania.* Twenty-first Annual Announcement. Session of 1868.

Medical Faculty.—Adolph Lippe, M.D., No. 1204 Walnut-st., *Professor of Materia Medica and Therapeutics;* A. R. Morgan, M.D., 739 Spruce-st., *Professor of Homœopathic Institutes, Special Pathology and Practice of Medicine;* Henry N. Guernsey, M.D., 1423 Chestnut-st., *Professor of Obstetrics and the Diseases of Women and Children;* William L. Arrowsmith, M.D., 1317 Chestnut-st., *Professor of Physiology and General Pathology;* Malcolm MacFarlan, M.D., 1136 Girard-st., *Professor of Surgery and Surgical Pathology;* Robert J. McClatchey, M.D., 916 North Tenth-st., *Professor of Anatomy;* George G. Percival, A.M., M.D., 1105 Filbert-st., *Professor of Chemistry and Toxicology;* Comly J. Wiltbank, M.D., *Demonstrator of Anatomy;* Obadiah T. Huebenor, *Prosector of Surgery;* Francis E. Habermehl, *Janitor.*

The announcement is accompanied by an earnest and eloquent appeal from the President, Alfred R. Potter, to the profession and the public for co-operation in the establishment of a HOMŒOPATHIC HOSPITAL. The scheme is a grand one. We shall soon be furnished with details and illustrations.

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6. *Ninth Annual Announcement of the Hahnemann College.* Chicago. President D. S. Smith, M.D.

Faculty.—A. E. Small, M.D., *Emeritus Professor of Theory and Practice;* Geo. E. Shipman, M.D., *Emeritus Professor of Materia Medica;* H. P. Gatchell, M.D., *Emeritus Professor of Physiology and Principles of Medicine;* N. F. Cooke, M.D., *Professor of Theory and Practice of Medicine;* R. Ludlum, M.D., *Professor of Obstetrics and the Diseases of Women and Children;* G. D. Beebe, M.D., *Professor of the Principles and Practice of Surgery;* Rodney Welch, A.M., M.D., *Professor of Chemistry and Toxicology;* —— ——, M.D., *Professor of Materia Medica and Therapeutics;* J. S. Mitchell, M.D., *Professor of Physiology;* H. C. Allen, M. D., *Professor of General and Descriptive Anatomy;* D. A. Colton, M.D., *Professor of Practical and Pathological Anatomy;* C. Woodhouse, A.M. M.D., *Professor of Medical Jurisprudence and Insanity;* A. E. Small, M.D., *Dean of the Faculty;* R. Ludlam, M.D., *Registrar.*

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7. *The New-York Homœopathic Medical College.* Ninth Annual Announcement, Session of 1868-69. 151 East Twentieth-street.

Faculty.—J. Beakley, M.D., *Professor of Surgery and Surgical Pathology;* D. D. Smith, M.D., E. M. Kellogg, M.D., *Professors of Obstetrics and Gynecology;* Samuel B. Barlow, M.D., Carroll Dunham, M.D., *Professors of Materia Medica and Therapeutics;* P. P. Wells, M.D., A. R. Morgan, M.D., *Professors of Practice of Medicine;* F. W. Hunt, M.D., *Professor of Medical Jurisprudence and Psychological Diseases;* Henry M. Smith, M.D., *Professor of Physiology;* T. F. Allen, M.D., *Professor of General and Microscopic Anatomy;* J. J. Mitchell, M.D., *Professor of Chemistry and Toxicology;* J. B. Holtby, M.D., *Demonstrator of Anatomy;* Wm. Brinck, M.D., *Prosector of Surgery;* G. B. I. Mitchell, M.D., *Assistant Chemist;* Enos Hall, *Janitor.*

8. *American Institute of Homœopathy.* The Twenty-first Annual Session.

THE preliminary meeting was held at the residence of Dr. T. G. Comstock, St. Louis, June 2d, at 8 P. M. About fifty members were present, who spent a pleasant hour in renewing old acquaintances and forming new ones.

The meeting was then called to order by Dr. Comstock: Dr. C. J. Hempel, of the Michigan University, was elected chairman, and Dr. I. T. Talbot, of Boston, was appointed secretary.

On motion of Dr. Rush, of Salem, Ohio, a nominating committee, consisting of one member present from each state, was appointed:

Dr. S. Gregg, of Mass.; Dr. A. S. Ball, ot New-York; Dr. J. J. Youling, N. J.; Dr. J. C. Burgher, Penn.; Dr. F. R. McManus; Dr. T. S. Verdi, D. C.; Dr. E. C. Franklin, Missouri; Dr. G. D. Beebe, Ill.; Dr. J. H. Pulte, Ohio; Dr. F. Woodruff, Wis. After some discussion the committee was discharged.

The Committee of Arrangements then invited the members to the dining-hall, where a bountiful collation awaited them. An hour was spent in a social manner, after which the members dispersed.

FIRST DAY. *Morning Session.*—The members of the Institute assembled in the Philharmonic Hall, at 10 A. M. The meeting was called to order by Dr. Wm. Tod Helmuth, President.

Members present: Drs. T. F. Allen, G. E. Belcher, A. S. Ball, J. Beakley, E. M. Kellogg, R. McMurray, New-York; G. D. Beebe, Chicago; J. C. Burgher, Pittsburgh, Pa.; A. R. Bartlett, Aurora, Ill.; W. O. Blaisdell, Macon, Ill.; S. J. Bumstead, Pekin, Ill.; H. B. Clarke, New Bedford, Mass.; T. G. Comstock, St. Louis; H. S. Chase, Cambridge, Mass.; N. F. Cooke, Chicago, Ill.; T. C. Duncan, Chicago, Ill.: J. P. Dake, Salem, Ohio; M. Fuller, Boston; J. M. Fuller, Cincinnati; W. D. Foster, Hannibal, Mo.; H. N. Guernsey, Phila., Pa.; S. Gregg, Boston, Mass.; W. T. Helmuth, St. Louis; C. J. Hempel, Grand Rapids, Mich.; John Hartmann, St. Louis; P. E. Johnson, Alton, Ill.; J. E. James, Phila.; J. L. Keep, Brooklyn, N.-Y.; S. M. Kenyon, Buffalo; F. R. McManus, Baltimore, Md.; B. Munsey, Virden, Ill.; J. C. Morgan, Phila.; H. D. Paine, New-York; J. H. Pulte, Cincinnati; R. B. Rush, Salem, O.; G. W. Swazey, Springfield, Mass.; D. S. Smith, Chicago, Ill.; H. M. Smith, New-York; A. E. Small, Chicago; R. C. Smedley, West Chester, Pa.; I. T. Talbot, Boston: D. Thayer, Boston; E. B. Thomas, Cincinnati; T. S. Verdi, Washington, D. C.; T. P. Wilson, Cleveland, O.; H. Wiescke, St. Louis; P. P. Wells, Brooklyn, N.-York.; L. V. D. Wilder, New-York; F. Woodruff, Ann Arbor, Mich.; J. J. Youling, Jersey City, N. J.—52.

The members were welcomed by an address by Dr. T. G. Comstock, of St. Louis:

Gentlemen, Fellow Colleagues of the American Institute of Homœopathy.—As chairman of the Committee of Arrangements, I have the honor of welcoming you to the city of St. Louis, to hold the twenty-first session of the American Institute of Homœopathy. Since the founding of this national medical association, twenty-four years ago, our great city has more than quadrupled her population. At that date, St. Louis was considered as an outpost upon the Western frontier of civilization, and the journey hither from New-York was far more tedious and perilous, than a journey at the present time from here to Europe. Corresponding with our rapid increase in population, much has been accomplished in medical science, and not a few changes and improvements in the noble art of healing are due to the discoveries and genius of that renowned philosopher in medicine, Dr. Samuel Hahnemann. Our labors have been pursued amidst most violent opposition; nevertheless our cause flourishes, and from a small beginning we flatter ourselves that the results are most encouraging.

Here you will find a homœopathic college in successful operation, it being empowered by the same authority to confer the degree of doctor of medicine, and with a charter quite as liberal as the three allopathic colleges of St. Louis. Here we have also the Good Samaritan Hospital, a charitable institution, (as its name indicates,) which has been the means of doing a great deal of good, and of demonstrating by statistics the advantageous results of our system of medication. For more than ten years past this charity has been successfully carried on mainly by the efforts of the director of the hospital, Rev. L. E. Nolan. These statements may be of interest to you, and under the circumstances it gives us great pleasure that you have selected this city, west of the Mississippi, to hold your sitting. In coming so far west, we greet you as noble devotees to the healing art, and especially for your disinterested efforts and endeavors to advance the science of therapeutics and improve the materia medica.

Although the homœopathic physicians of St. Louis are fewer in number than our brethren of the old school, yet their influence is recognized by the latter, and as a consequence, the allopaths have been forced to materially modify their old-time practice of giving nauseous drugs in large and oft-repeated doses: for now we see them beginning to give medicines in sugar-coated pills and granules not unlike our own. This improvement on their part, notwithstanding their open and undisguised hostility, is to us a matter of approval, for which we should not fail to give due acknowledgement.

In your coming deliberations you will have matters of great importance to discuss; and I trust these discussions may take such a range as will bind us together in a spirit of truth, unity and concord, and tend to cement our fraternal relations, so that the influence of the American Institute of Homœopathy may be constantly felt throughout the country.

Gentlemen, I hope your stay in our city will be most agreeable to you, and once more I will say, we give you a most cordial and sincere welcome. [Applause.]

On motion, the calling of the roll was dispensed with.

Election of Officers.—The following gentlemen were elected as officers for the ensuing year:

President: Dr. H. D. Paine, of New-York.

Vice President: T. G. Comstock, of St. Louis.

General Secretary: Dr. I. T. Talbot, of Boston.

Provisional Secretary: Dr. H. L. Chase, of Cambridge, Mass.

Treasurer: Dr. E. M. Kellogg, of New-York.

Censors: Dr. J. P. Dake, Salem, Ohio; Dr. G. D. Beebe, Chicago; Dr. J. C. Morgan, Phila.; Dr. J. Hartmann, St. Louis; Dr. G. W. Swazey, Springfield, Mass.

Dr. Paine was conducted to the chair and addressed the Institute as follows:

Gentlemen of the Institute:—I can only at this time return my heartfelt and sincere thanks for the unexpected and, I may say unsolicited honor which you have conferred upon me with so much unanimity. I think privately that you might have made a much better choice. I am not accustomed to presiding in public meetings. I have had very little experience in business of this kind, but without further expressing myself publicly as to my private views of the fitness of your choice, whatever they may be, I will address myself to the duties of the position in which I am placed, and endeavor to fulfil, as far as is within my power, your expectations.

I shall probably need your co-operation, and many times your forbearance. I trust that you will make allowance for my inexperience, and put it down to the best account. [Applause.]

On motion of Dr. Verdi, of Washington, a vote of thanks was passed to the retiring president and other officers of last year, for the capable manner in which they had performed their duties.

Dr. Talbot said that he was preparing a list of fifty applications for membership, which he would submit to the board of censors for examination, and thus save time.

COMMITTEES APPOINTED.—The President announced the following committees:

On Credentials: Dr. L. D. V. Wilder, of New-York; Dr. J. C. Burgher, Pittsburg; Dr. D. Thayer, Boston; Dr. F. Woodruff, Ann Arbor, Mich.; Dr. T. S. Verdi, Washington, D. C.

On Auditing: Dr. A. E. Small, Chicago; Dr. E. C. Franklin, St. Louis; Dr. G. E. Belcher, New-York; Dr. Samuel Gregg, Boston; and Dr. R. McMurray, of New-York.

PROPOSED EXCURSION.—Dr. Comstock, from the Committee of Arrangements, reported that on Thursday afternoon it had been arranged to give the gentlemen of the Convention a steamboat excursion to a point above Alton. He hoped that the delegates would enjoy themselves during their stay.

AN ENGLISH HOMŒOPATHIC PHYSICIAN.—Dr. Small, of Chicago, inquired of the Secretary if there was any provision for the election of honorary members, to which the Secretary responded that there was no such provision.

Dr. Small then moved that Dr. John Moore, of Liverpool, England, who was present, be invited to take seat in the Convention and participate therein, which was carried.

Dr. Moore, being invited to address the Institute, responded as follows:

I thank you, Mr. Chairman, for the honor you have conferred upon me in electing me a temporary member of your Institute. I looked forward with very great delight, when informed in New-York, on my arrival, that you were about to have an annual meeting of this Institute. I have no doubt at all but I shall receive very much profit and pleasure from my attendance here.

I have simply to inform you that I am a Homœopathist of twenty years' standing. I take a very great interest in the cause of Homœopathy in this country, as well as in my native land. I am sorry to say we can not report any great things, but we are taught by very high authority not to despise the day of small things. Perhaps some twenty years hence, if we are living, we may be able to give a much better report than now. Suffice it to say, we have an excellent dispensary in our town, and at least four stipendiary physicians. All the doctors of the town take an interest in it.

For the last four years we have held meetings, presided over by the Mayor. This is considered a great honor with us, and puts us on a level with the Allopathic institutions. Homœopathy is growing decidedly in popular favor. The only drawback is in the profession. They don't come over in proportion to the people. We have places of 10,000, 15,000, or 20,000 inhabitants over the kingdom, without any Homœopathic practitioners at all. As I say, our great lack is the want of doctors and not the want of patients.

But I will not take up your time, while you have such an important catalogue of business to transact as I see in the papers. I shall take great pleasure in being a listener, and if any thing has occurred in the old, slow world of mine that will be worth the hearing, I shall be very happy to give it. I was crossing your river last night—that wonderful river of which I have heard so often, and had dreams of in my youth and since my youth—there was a terrible flash of lightning, and I hope this was only a type of those scintillations that will come forth from the various members of this vast, mighty, and free country. [Applause.]

The Auditing Committee, through Dr. Small, reported that they had found the Treasurer's accounts correct.

Foreign Correspondence.—Dr. Verdi, of Washington, D. C., made a report from the Committee on Foreign Correspondence, stating that they had prepared letters in various foreign languages, which had been sent to various parts of the world, including Great Britain, France, Italy, Spain, South America, Australia, and the West Indies, with a view to encourage them to form Institutes of Homœopathy. They have received replies that there are 34 physicians in Santiago and Montevideo, 43 physicians in Spain, 13 physicians in the British West Indies, 3 physicians in Australia and Cape of Good Hope, 178 physicians in Great Britain—all acknowledging receipt of the letters, and expressing hearty co-operation and good will to the cause of Homœopathy.

In Italy the most gratifying results were attained, the circular proving the means of stirring up the activity and energy of the Homœopathic practitioners in that country.

Report accepted and referred to the Publishing Committee.

The following telegram from Dr. Baer, of Indiana, was read: "Indiana delegation sends greeting. Shipwrecked near Terre Haute. Leave there to-night."

RESOLUTION OF RESPECT AND CONDOLENCE.—Dr. Cooke drew attention to the fact that Dr. Gray, of New-York, one of the oldest members of the Institute, had suffered an affliction in the death of his wife, and moved a resolution of respect and sympathy, which was adopted.

NECROLOGY OF INSTITUTE.—The President, as Necrologist of the Institute, made a brief statement of his labors.

REPORT OF TREASURER.—Dr. Kellogg read the report of the Treasurer, as approved by the the Auditing Committee. It appears from the account that the total expenditures for the year were $1,734.52, and the total amount of cash received $1,644, leaving a deficit of $90.52. This does not include about $300 due the Secretary for printing bills, &c.

The report, after being read, was adopted.

FINANCIAL MATTERS.—Dr. Smith, of New-York, moved to appoint a Committee on Finance, consisting of five, and pointed out the necessity of adopting some definite plan for regulating the financial resources of the Institute, which was agreed to.

Dr. McManus, of Baltimore, inquired how many paying members were connected with the Institute at present.

The Secretary said there were 543 names retained, and of these about one hundred were delinquent.

COMMITTEE ON FINANCE.—The following Committee on Finance was appointed in accordance with the resolution of Dr. Smith:

Drs. H. M. Smith, of New-York; E. M. Kellogg, of New-York; W. Williamson, of Philadelphia; I. T. Talbot, of Boston; E. B. Thomas, of Cincinnati.

REPORT OF COMMITTEE ON CREDENTIALS.—Dr. Thayer, of Boston, reported from the Committee on Credentials, that one hundred and twenty-seven delegates were present, representing eighty-two independent organizations, as follows:

DELEGATES.—Western Institute of Homœopathy.—Drs. J. P. Dake, Salem, Ohio; G. D. Beebe, Chicago; L. E. Ober, Lacrosse, Wis.; J. T. Boyd, Indianapolis, Ind.; M. F. Page, Appleton, Wis.; C. J. Hempel, Grand Rapids, Mich.; T. C. Duncan, Chicago, Ill.; L. Pratt, Wheaton, Ill.

Maine Homœopathic Medical Society.—Drs. W. E. Payne, Bath; G. H. Morrill.

New Hampshire Homœopathic Medical Society.—Drs. J. F. Whittle, E. Custer.

Vermont Homœopathic Medical Society.—Drs. G. E. E. Sparhawk, C. B. Currier, J. H. Jones.

Massachusetts Homœopathic Medical Society.—Drs. S. Gregg, M. Fuller, G. Russell, D. Thayer, I. T. Talbot, H. L. Chase, C. Wesselhœft, H. B. Clarke, G. W Swazey.

Connecticut Homœopathic Medical Society.—Drs. C. H. Skiff, C. C. Foote, C. E. Sanford.

New Jersey Homœopathic Medical Society.—Dr. J. J. Youlin.

New-York Homœopathic Medical Society.—Drs. J. Beakley, G. E. Belcher, E. M. Kellogg, H. M. Smith, H. D. Paine, T. F. Allen, R. McMurray, A. S. Ball.

Pennsylvania Homœopathic Medical Society.—Drs. M. Côtè, J. C. Burgher, J. C. Morgan, R. C. Smedley, J. E. James.

Ohio Homœopathic Medical Society.—Dr. E. B. Thomas.

Michigan Homœopathic Medical Society.—Drs. E. H. Drake, E. A. Lodge, W. J. Calvert, P. H. Hale.

Illinois Homœopathic Medical Society.—Drs. G. D. Beebe, D. S. Smith, R. Ludlam, S. R. Mitchell, G. S. Barrow, F. L. Vincent, L. E. Ober.

Indiana Homœopathic Institute.—Drs. O. P. Baer, Wm. Eggert, J. T. Boyd.

Local Societies.—Maine Central Homœopathic Association.—Dr. James B. Bell.

Boston Academy of Homœopathic Medicine.—Dr. L. D. Packard.

Bristol County, Mass., Homœopathic Medical Society.—Dr. H. B. Clarke.

Worcester County, Mass., Homœopathic Medical Society.—Dr. L. B. Nichols.

Dutchess County, N.-Y., Homœopathic Medical Society.—Dr. H. N. Avery.

Westchester County, N.-Y., Homœopathic Society.—Dr. J. G. Burchard.

New-York County Homœopathic Medical Society.—Dr. G. E. Belcher.

Kings County, N.-Y., Homœopathic Society.—Dr. J. L. Keep.

Erie County, N.-Y., Homœopathic Medical Society.—Dr. A. R. Wright.

Philadelphia County, Pa., Homœopathic Medical Society.—Dr. J. E. James.

Cumberland County, Pennsylvania, Homœopathic Society.—Dr. J. H. Marsden.

Homœopathic Medical Society of Chester and Delaware Counties.—Dr. R. C. Smedley.

Alleghany County, Pennsylvania, Homœopathic Society.—Dr. J. C. Burgher.

Miami Homœopathic Medical Society.—Dr. E. B. Thomas.

Cuyahoga County Homœopathic Society, Ohio.—Dr. J. P. Dake.

Hahnemann Society of the Cleveland Homœopathic College.—Dr. H. H. Baxter.

Homœopathic Society 17th Congressional District of Ohio.—Dr. R. B. Rush.

Cincinnati Homœopathic Medical Society.—Dr. J. H. Pulte.

Cook County (Ill.) Homœopathic Society.—Dr. R. Ludlam.

Homœopathic Society of St. Louis.—Dr. J. T. Temple.

Hospitals.—Little Wanderers' Home, Boston.—Dr. O. S. Sanders.

Consumptives' Home, Boston.—Dr. C. Cullis.

Poughkeepsie (N.-Y.) Homœopathic Hospital and Dispensary.—Dr. H. N. Avery.

New-York Ophthalmic Hospital.—Dr. T. F. Allen.

Homœopathic Hospital of New-York.—Dr. H. M. Smith.

Chicago Nursery.—Dr. L. P. Hedges.

Hospital of Homœopathic Medical College of Pennsylvania.—Dr. H. N. Guernsey.

Cleveland Protestant Hospital.—Dr. T. P. Wilson.

Good Samaritan Hospital, St. Louis.—Dr. T. G. Comstock.

DISPENSARIES, &c.—Boston Homœopathic Dispensary.—Dr. G. Russell.

Consumptives' Home Dispensary, Boston.—Dr. G. M. Pease.

Homœopathic Dispensary of New-York.—Dr. R. McMurray.

House of Angel Guardian, Boston.—Dr. H. P. Shattuck.

Bond-street, New-York, Homœopathic Dispensary.—Dr. O. Fülgraff.

Protestant Half Orphan Asylum, New-York.—Dr. B. F. Bowers.

Home for Friendless, New-York.—Dr. C. T. Liebold.

Five Points House of Industry, New-York.—Dr. B. F. Joslin.

Gates Avenue, Brooklyn, Homœopathic Dispensary.—Dr. J. L. Keep.

Brooklyn (N.-Y.) Homœopathic Dispensary·—Dr. J. L. Keep.

Newark Homœopathic Dispensary.—Dr. J. J. Youlin.

Eye and Ear Infirmary of Pennsylvania Homœopathic College.—Dr. M. Macfarlan.

Hahnemann Medical College of Pennsylvania Dispensary.—Dr. J. C. Morgan.

Homœopathic Dispensary of Pennsylvania Medical College.—Dr. W. L. Arrowsmith.

S. W. Homœopathic Dispensary of Philadelphia.—Dr. C. J. Willbank.

Washington Homœopathic Dispensary.—Dr. T. S. Verdi.

Buffalo Homœopathic Dispensary.—Dr. L. M. Kenyon.

Hahnemann College Dispensary, Chicago.—Dr. R. Ludlam.

West Division Homœopathic Dispensary, Chicago.—Dr. L. Holbrook.

St. Louis Homœopathic Dispensary.—Dr. E. C. Franklin.

Leavenworth Dispensary.—Dr. Martin Mayer.

COLLEGES.—New England Homœopathic Medical College.—Dr. David Thayer.

New-York Homœopathic Medical College.—Dr. J. Beakley.

Hahnemann Medical College of Philadelphia.—Dr. John C. Morgan.

Homœopathic Medical College of Pennsylvania.—Dr. R. A. Phelan.

Medical Department of the Michigan University.—Dr. C. J. Hempel.

Cleveland Homœopathic College.—Dr. T. P. Wilson.

Hahnemann Medical College of Chicago.—Dr. A. E. Small.

Homœopathic Medical College of Missouri.—Dr. E. C. Franklin.

Dix Homœopathic Medical College of St. Louis.—Dr. S. B. Parsons.

JOURNALS.—N. E. Med. Gazette, Boston.—Dr. H. C. Angell.

N. A. Journal of Homœopathy.—Dr. F. W. Hunt, New-York.

Hahnemann Monthly.—Dr. T. Moore, Philadelphia.

Am. Journal of Hom. Mat. Med.—Dr. J. C. Morgan, Philadelphia.

Am. Homœopathist.—Dr. E. B. Thomas, Cincinnati.

Medical Investigator, Chicago.—Dr. T. C. Duncan.

Ohio Med. and Surg. Reporter.—Dr. T. P. Wilson, Cleveland.
Am. Hom. Observer.—Dr. E. A. Lodge, Detroit.
West Hom. Observer.—Dr. W. T. Helmuth, St. Louis.
U. S. Med. and Surgical Reporter.—Dr. G. E. Shipman, Chicago.

Dr. Dake, from the Board of Censors, reported favorably on the following list of applicants for membership:

G. S. Barrows, Rockford, Ill.; Walton Bancroft, Laselle, Ill.; J. G. Burchard, Peekskill, N.-Y.; H. F. Biggar, Cleveland, O.; H. H. Baxter, Newark, O.; G. F. Butman, Boston, Mass.; J. B. Bell, Augusta, Me.; W. P. Baird, Boston, Mass.; Samuel Alvord, Chicopee Falls, Mass.; Edwin P. Angell, Galveston, Texas; Bennett J. Bristol, Webster Groves, Mo.; William I. Calvert, Ann Arbor, Mich.; George Loelkes, Belleville, Ill.; Henry T. Martin, Philadelphia; Chas. H. Nibelung, St. Louis; L. Packard, South Boston; Geo. N. Seidlitz, Keokuk, Iowa; Thos. J. Vastine, St. Louis, Mo.; T. Bacmeister, Toulon, Ill.; J. C. Budlong, Centredale, R. I.; Henry S. Chase, St. Louis; H. M. Dayfoot, Mount Morris, N.-Y.; F. A. W. Davis, Natches, Miss.; C. R. Doran, Hagerstown, Md.; Wm. Eggert, Indianapolis, Ind.; E. W. Finch, New Rochelle, N.-Y.; J. P. Garvin, Alton, Ill.; C. H. Gunderlach, St. Louis; J. H. Gallinger, Concord, N. H.; S. P. Hunt, Augusta, Geo.; S. P. Hedges, Chicago, Ill.; A. O. Hunter, Alliance, O.; S. Hasbrouck, N.-Y.; W. C. F. Hempstead, Virden, Ill.; David Hunt, Jr., Worcester, Mass.; Richard Koch, Philadelphia; S. A. Jones, Englewood, N. J.; P. E. Johnson, Alton, Ill.; W. M. Jackson, Chicago; D. R. Luyties, St. Louis; E. M. P. Ludlam, Chicago; Fred. A. Lord, Chicago; G. B. I. Mitchell, N.-Y.; O. H. Mann, Evanston, Ill.; G. H. Morrill, Augusta, Me.; Martin Mayer, Leavenworth, Kan.; Malcolm Macfarlan, Phil.; Edwin H. Peck, Vincennes, Ind.; S. B. Parsons, St. Louis; R. A. Phelan, St. Louis; G. M. Pease, Boston; A. E. Small, Jr., Chicago; H. N. Small, Chicago; N. Schneider, Cleveland, O.; D. E. Southwick, Ogdensburg, N.-Y.; A. F. Squier, Boston; N. D. Tirrell, St. Louis; John T. Temple, St. Louis; Geo. N. Tibbles, Hudson, N. J.; S. C. Whiting, Vincennes, Ind.; J. U. Woods, Nashua, N. H.; D. G. Woodvine, Boston; Chas. Vastine, St. Louis.

The report was adopted, and the parties named declared elected members of the Institute.

COMMITTEE ON MEDICAL EDUCATION.—The President asked if the Committee on Medical Education were ready to report.

The committee not being in readiness, after some discussion the report of the committee was made the first business in order for the afternoon session.

The Institute adjourned to meet at three o'clock, P. M.

AFTERNOON SESSION.—The Institute assembled at three, P. M. The President said the first business in order was the report of the Committee on Medical Education.

Dr. Smith, of Chicago, said, on the part of the committee, that the time was so short that he had no opportunity to prepare a report, and he moved that the committee be discharged, that the Institute know what measures to pursue in the future. Carried.

Dr. Thayer, of Boston, moved that a committee of five be appointed to report at the next annual meeting.

Dr. Wells, of Brooklyn, said he would like to know what was the object of the motion.

Dr. McManus said he thought it would be as well to continue the old committee; he saw no object in discharging it, if it was the design to continue the matter for future consideration.

Dr. Franklin said he had arrived late, and asked for information from the chair.

The President explained the position of matters in reference to the report on Medical Education.

Dr. Franklin said he was indebted to the leniency of the Institute. He was not prepared to make a report, but he proposed that such members of the committee as were not present be supplied by new names. He thought it highly probable that Dr. Walker had prepared a report, and, by consultation, a report might be submitted previous to adjournment.

The motion of Dr. Thayer was carried.

The Chair appointed the following gentlemen on the committee: Drs. C. J. Hempel, D. S. Smith, T. G. Comstock, H. B. Clark, G. D. Beebe.

The President said the next business was the report of the Committee on Organization, Registration and Statistics.

Dr. Smith said he had just received some letters in regard to the matter, and that in half an hour the committee would be ready to report.

REPORT OF BUREAU OF MATERIA MEDICA.—The activity of this Bureau has in the past year not differed materially from that of the previous year. No circulars were issued, because that method of soliciting co-operation has always failed to elicit any response. It has, therefore, appeared advisable that each member of the Bureau should pursue his own course of observation, and report to this Institute accordingly.

Dr. Walter Williamson has prepared a paper on the "Nomenclature of our Materia Medica and the Preparation of Drugs," &c. Dr. W. E. Payne has continued his provings of the *Lilium Tigrinum*, and Dr. E. M. Hale his investigation of *Ptelea*. I have the *Iris versicolor* as a subject of proving for this year, considering it best for the present rather to improve upon some older drug than to add a new one. I am happy to be able to say that I have obtained reports from six out of twenty provers, and shall have more from the others, and valuable observations relating to *Iris*, from many other physicians to whom I have applied. These results, added to the valuable observations and compilations of Dr. Hale, will be found to corroborate what is already known in regard to *Iris*.

An article entitled "The Mysteries of Drug Proving—an Appeal to Novices," was prepared and approved by members of the Bureau, and published for the present in the New England *Medical Gazette*. This I offer as a part of my report.

Since the press of business before the Institute generally makes it necessary to dispense with the reading of long documents, I offer for the present this brief summary of the action of the Bureau of Materia Medica. The complete elaboration of *Iris* will be ready to be delivered into the hands of the General Secretary whenever called for hereafter.

Respectfully submitted,

C. WESSELHŒFT, M.D.

DORCHESTER, MASS., May, 1868.

In connection with the same Bureau, the papers were read from Dr. S. B. Barlow, of New-York; W. E. Payne, of Bath, Me.; E. M. Hale, of Chicago; and W. Williamson, of Phil. The last paper concluded with a suggestion that a committee of five be appointed (located near each other) for the purpose of considering the subjects of Attenuation and Nomenclature.

Dr. McManus moved that the suggestion of Dr. Williamson be carried into effect.

The Chair appointed on the committee the following parties, as suggested by Dr. Williamson:

Drs. W. Williamson, C. Hering, C. Neidhard, Jacob Jeanes, F. E. Bœricke.

Dr. J. C. Morgan, of Philadelphia, stated that he had a diagram illustrative of a new method of classification of medicines, which he desired to explain to the Institute at some convenient time.

Dr. Thayer, of Boston, moved that Dr. Morgan be invited to explain his method to the Institute. Agreed to.

Dr. Morgan briefly explained his method of classification by means of the diagram, and read a short article in reference to the same.

Dr. T. F. Allen, of New-York, moved the paper be received by the Institute.

Dr. C. J. Hempel, of Michigan, desired to have an opportunity of examining into the matter. The definitions and classifications presented in the paper were entirely different from any thing he had heretofore seen. There might be a great deal in it. He had studied the Materia Medica considerably, but this thing had taken him completely by surprise, and he desired to examine into the matter before taking any action upon it.

Dr. Thayer, of Boston, expressed himself very much pleased with the paper, and desired to see it in print. He moved that it be accepted and referred to Committee on Publication. Motion agreed to.

BUREAU OF STATISTICS.—Dr. H. M. Smith, of N.-Y., chairman of the Bureau of Organization Registration and Statistics, made a report recommending various changes in the by-laws.

On motion of Dr. Beebe the recommendations of changes in the by-laws were laid on the table.

Dr. Smith added a supplemental report, giving a list of the members of the Institute, from which it appears there are 545 or 550 members, distributed throughout the various States as follows: Maine 15, New Hampshire 6, Vermont 5, Massachusetts 70 (of which there are 22 in Boston), Rhode Island 6, Connecticut 19, New-York 164 (of which there are in New-York city 79 and in Brooklyn 21), New Jersey 27, Delaware 1, Pennsylvania 93 (of which 42 reside in Philadelphia and 29 in Pittsburgh), Maryland 8, District of Columbia 6, Virginia none, North Carolina 1, South Carolina none, Georgia 2, Florida none, Alabama none, Mississippi none, Louisiana 2, Texas none, Arkansas none, Tennessee 1, Kentucky 4, Ohio 36, Indiana 3, Illinois 23 (of which Chicago has 16), Michigan 10, Iowa 3, Wisconsin 5, Minnesota 2, Missouri 5, New Brunswick 1, Nevada 1, California 8.

Dr. Chase, of Boston, being called upon for information, reported the cause of Homœopathy steadily progressing in his State.

Dr. Youling, of N. J., also stated that Homœopathy was making rapid strides in his State. There were a great many Homœopathic physicians there who did not belong either to the State Society or the Institute, but they were working hard to get them in, and would be successful very soon. [Applause.]

On motion of Dr. Dake, of Salem, Ohio, Dr. Allen, of the Ophthalmic Hospital of New-York, was invited to address the convention, and made a few remarks with reference to the history of that institution, which was formerly under the control of Allopathic physicians, who were finally displaced by the trustees, and Homœopaths appointed in their place. He represented the Hospital in a most flourishing condition under the new regime, and he trusted ere long the other hospitals of New-York city would be in the hands of Homœopathic physicians by "conversion of the Trustees."

Dr. C. J. Hempel, of Michigan, stated that this was what they were doing in the State of Michigan. In the State University they had succeeded in converting six out of eight of the Regents, and they trusted they would succeed in converting the rest shortly. [Applause.]

Dr. Franklin, of St. Louis, asked leave to introduce the following resolution:

Resolved, That this Institute views with feelings of pleasure and satisfaction the position of Homœopathy in the University of the State of Michigan as represented by Prof. C. J. Hempel, and that this Institute approves and endorses the action of the Regents in appointing Dr. Hempel to the chair of Homœopathy in the State University.

In presenting the resolution, Dr. Franklin remarked that he hoped the resolution would be approved and endorsed by the Institute, in order to strengthen the hands of those regents who thus boldly stepped out in defiance of the inuendoes of the Allopaths, who had been formerly connected with the Institution.

Dr. Beebe, of Chicago, heartily seconded every thing Dr. Franklin had said, but did not consider that his resolution covered the whole ground. He desired to offer the following as an amendment:

Whereas, The members of this Institute have watched with profound interest the progress of the controversy with reference to the teaching of Homœopathy in the Michigan State University; and

Whereas, The exclusion of such teaching has been in violation of the laws of the State of Michigan, and the express will of the people; therefore, as the sense of the Homœopathic profession here represented, be it

Resolved, That the interests of Homœopathy and the welfare of the community demand that the principles of Homœopathy shall be taught in the University of Michigan at Ann Arbor, and that difference of opinions among members of the two schools of medicine ought not to operate to the exclusion of either from a university founded and sustained by the people for a general diffusion of knowledge.

Resolved, That should any or all the Allopathic chairs of the medical department of said University be vacated, and the Board of Regents see fit to appoint Homœopathic medical men to fill these chairs, the Homœopathic profession of America will pledge its influence and support to the medical department of that University in sustaining such action.

Dr. Franklin stated that he had no objections to the last clause of the resolution, but that the first portions traveled over a great deal of ground without accomplishing the desired object. He considered the resolution introduced by himself was sufficiently expressive of the sense of the Institute in that matter, and hoped it would be adopted as originally introduced.

Considerable discussion ensued, which was terminated by the matter being referred to a special committee, composed of Drs. Franklin and Beebe, to modify and blend the resolutions offered, and to report to-morrow. Dr. Morgan was added to the committee.

Dr. Franklin then detailed a case of hypospadias. (A similar case he presented to the Western Institute, at its session in 1867, for a detailed account of which see *Medical Investigator* for September, 1867.)

At 6, P. M. the Institute adjourned until 8 o'clock.

Evening Session.—The annual oration was delivered in the hall at 8 o'clock, by Dr. Henry B. Clarke, of New Bedford, Mass., the President in the chair. It was a masterly production, and embraced a very wide range of thought. It was a popular, not a professional essay.

We have room only for a brief extract.

Speaking of the superiority of the homœopathic system of treating diseases, Dr. Clarke said: "If we compare the practical results of this method with that of allopathy, we shall find that, whereas the allopathic method has failed to discover the virtues of any medicines, (this statement, remember, is that of Stille, one of the most respectable authors of the allopathic materia medica,) the homœopathic method has added to the resources of the materia medica a knowledge of the curative uses of medicines so vast, that all previous knowledge is as nothing compared with it. Take for instance the drug called Aconite. This medicine has been known to the medical profession since the year one of the Christian Era. Before its homœopathic proving, it had no standing at all as a curative agent; now it is a household word throughout the bounds of civilization, and every one knows something of its virtues. The same may be said of many other medicines. Dr. Watzky, a German author, in a recent monograph on Colocynth, says: 'The number of works on materia medica, old and new, thick and thin, which I consulted in pursuit of my remedy, amounted to at least fifty. What I found in the first huge pig's skin folio Dioscorides respecting Colocynth, that self-same I found in the whole set of followers. . . . . . hypothetical healing virtues, not a trace of one positive fact, of one physiological foundation, till we come to Hahnemann. There are this day in use by homœopathists scores of medicines with curative properties as well-known, and as important as those of any in the whole materia medica, whose virtues—whose very names—are utterly unknown among allopathists.'

"On the other hand, there is not a fact relating to the physiological or clinical action of a medicine reported in allopathic literature, but what is seized at once by homœopathic writers, and made to take its proper place in the homœopathic materia medica.

"These things illustrate the tendency of the ideas which animate the two parties in medicine, and explain the antagonism which they present.

"The old school, with its false therapeutic method, drifts hopelessly towards skepticism in the remedial virtues of drugs, and looks with contempt and hatred upon the rapidly increasing body of heretics, which, driven from its own ranks, has the impertinence to found organizations of its own, to assert the superiority of a new method in therapeutics, and to maintain this assertion by a most triumphant success.

"The new school, inspired with renewed faith in the curative powers of medicine, finds in the experience of the past no less than in that of to-day, testimony to the truth of its doctrine. Alert, progressive, it hopes and expects to therapeutics a scientific form worthy of its high function, and thus crown the arch of the medical sciences with a keystone which shall complete its symmetry, and fix it firmly for all future time. But it is not for its positive benefits alone, that the world has reason to regard the introduction of the homœopathic method in therapeutics with interest and gratitude.

"Think of the abuses which it drives before it—the deadly blood-lettings, the mercurial poisonings, the emetics, the purgings, the blisterings—which are fast passing away forever.

"Indeed, whether its claims of positive power to prolong life, to abridge the periods of disease, and alleviate suffering, be allowed or not, humanity has cause to count it no small gain, that ignorance in the guise of medical science is no longer suffered to add these tortures to the pangs of disease."

[To be continued.]

9. *Case in which an Iron Crow-bar was driven through the Brain.*

At a late meeting of the Massachusetts Medical Society in Boston the following remarkable case was reported by Dr. John M. Harlow:

Mr. Gage was engaged in blasting rocks at Cavendish, Vt., in 1847.

A tamping iron three feet seven inches long and one and a quarter inches thick and tapering to a point was driven through his head; it entered the left cheek and came out about the centre of the top of his head.

Dr. Harlow who attended him gave the full account of his symptoms and progress from day to day.

In fifty-nine days the man was able to walk and ride, and was soon nearly as well as before, although his intellect was somewhat affected.

This is considered as the most remarkable case on record of the recuperative powers of nature.

The accuracy of the report has been doubted by many prominent surgeons.

Dr. Bigelow said he saw Gage twenty years ago and was then satisfied of the reality of this wonderful case. Another person said he saw Gage about 1855 at a camp-meeting on the famous ground at Sterling, Mass., and heard him relate his "experience," both of religion at one and the same time, and he skillfully used the fact of his providential recovery in his exhortations and labors for the conversion of others.

Gage died May 21, 1861, or twelve years, six months and eight days after the injury.

Dr. Harlow procured the man's head, and presented the skull to the Warren Museum of the Harvard Medical College.

Dr. Bigelow also mentioned another extraordinary case in which a tube of iron, five-eighths of an inch in diameter and about five feet long, passed through a miner's head who was engaged in blasting coal in Ohio, and was pulled out by a fellow miner. The injured man was introduced to the society by Dr. Jewett, the attendant physician who recounted the case in detail. The young man's mind was not fully restored.

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10. *The Siamese Twins.—A Surgical Operation Contemplated.*

THE *celebrated Siamese twins*, CHANG *and* ENG were born in Siam in 1811, of Chinese parents, and are therefore 57 years of age. They were brought to England about 1828 by Captain Bunker who now lives in New-York. After being exhibited in the great cities abroad, they visited America, and have been seen by large numbers of our people in the different States. They finally married two sisters, settled in North Carolina on a large tract of land and engaged in farming.

The question of the possibility of a safe separation of the brothers by a surgical operation was considered by the Academy of Physicians and Surgeons of Paris when they visited that city near forty years ago; but the operation was not then agreed upon.

Having now reached the age of 57 years they have considered the probabilities of declining health, and decided to avoid the calamity of serious disease beginning in one and extending to the other. *Each* is now, (at least) *half*-surrounded by his *wife* and *nine* children: and the fortunes of these two families are involved in the fate of the world-renowned "*twins.*" They will probably see Paris again and test the present resources of science.

The operation involves physiological and psychological problems of the highest and gravest character. The wonderful bond of union between the brothers consists of a ligature or band 3¼ inches long (at 20 years old) of thoroughly normal and perfectly vitalized integument, now nearly 10 or 12 inches in circumference extending from the region of the sternum toward the abdomen; the upper part cartilaginous, the lower soft and fleshy. The common umbilicus is in the lower edge and in it centre; and the connection is so intimate that each seems to be thoroughly an organized portion of the other, as much so as any of the ordinary members of a naturally constituted human body. Sensation, nervous impression, mental phenomena, morbid, physical, and nervo-mental conditions, all show a most perfect psychical unity in this wonderful dual existence.

They seem to possess an equal degree of intellectual power, and never enter into any conversation or discussion with each other. The same object is present to both at once, and suggests to each one the same train of thought. Their likings and dislikes of food are the same, and whatever pleases one is agreeable to the other in all cases; they play at all athletic games, but never against each other. They feel hunger and thirst at the same time, take equal quantities of food; they both go to sleep and both wake at the same moment. At the age of 22 they were each, 5 feet 2 inches in height.

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11. *Cases Treated in the New-York Homœopathic Dispensary,* (West 34th-st. and Broadway.) By J. S. Linsley, M.D., of New-York.

Case I. Samuel Murphy, aged four years, has had caries of left external malleolus for a little more than two years. His mother had carried him many miles in her arms, and spent over two hundred dollars upon allopathic celebrities, when chancing to pass the Homœopathic Dispensary, on June 25th, 1867, she thought it would be well to leave no means untried, and received a prescription of *Aur.-mur.* 30, which so benefited the patient that she continued the treatment. The child was of a very delicate constitution, with a remarkably fine head.

The disease could not be traced to any injury.

After taking *Aur-mur.* 30, a powder every second night for one month, he was put upon the 200th potency of the same for two weeks. On the last of October the discharge had ceased, and the patient soon commenced to walk.

Case II. Bella Willetts, aged thirty-five years, is the mother of three children; has been a widow eight years.

For more than a year (Oct. 24th, 1867,) an excessive menstrual flow every two weeks, lasting seven to nine days. For the last four weeks the flow is continuous. She is very weak and thin; has severe pains in loins and uterine region; bearing-down pains as if in labor. One dose of *Secale-cor.* 200 relieved her in a few hours. Had return of flow in two weeks, but not as bad as formerly. A repetition of the dose relieved her, as she reported the following day, since which time I have not seen her.

Case III. Joseph Arnold, aged nine years, a handsome, well-developed boy. November 4th, 1867, had suffered with incontinence of urine for six weeks; got up at least six times nightly and saturated the bed frequently; was unable to attend school. Urine highly colored and of a strong odor. I inquired if he had warts. He had had a large wart on left index finger, which had fallen off three weeks previously, leaving a hard white base. *Thuja-occid.* 30, four powders, to be taken one each night on going to bed. Returned on 8th much improved. Gave *Sach.-lac.* November 14th, had been up once during the week. *Sach.-lac.* Has not returned.

Case IV. Katie Stone, aged thirteen years. For nearly five years has had discharge of pus and blood from both ears. Has frequent attacks of intolerable otalgia. Deafness, with thunderous roaring in ears. Frontal headache, and frequent epistaxis. December 23d, 1867, gave *Tellurium* 30, six powders, one each night. Repeated the same the following week. On February 3d she returns entirely well. (*Am. Journal of Hom. Mat. Med.*)

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ARTICLE XXI.—*Animal Poisons.—A Study.* By S. LILIENTHAL, M.D., of New-York.

VIRCHOW says in his "*Gesammelte Abhandlungen:*" Erysipelas phlegmonodes and gangrænosum, the pseudo-erysipelas and the diffuse phlegmonous inflammation, the phagedæna and the carbuncle are so intimately connected, that it is hard to find a dividing line in some cases. All these affections show their frequent *miasmatic* and *epidemic* origin; they all produce in a very short time copious secretions of an eminently *virulent* character; they all produce quickly infections of the body with severe, frequently intermittent, typhoid fever, with affections of the lymphatic system and of the spleen, liver and kidneys; they all possess exquisitely more or less the faculty of producing metastatic processes, and many of them are considered contagious.

Now these are also the affections and disorders accompanying so frequently the thrombosis of the veins, and aggravate their course by favoring the dissolution of the thrombi. The erysipelas of the wounded, the erysipelas of persons who passed through an operation, or the erysipelas neonatorum is sometimes more frequent than the thrombosis itself; and many a wounded one, many a new-born babe dies from phlegmonous erysipelas of the wounded surface or of the navel, without having produced any change in the lumen of the vessels worth speaking of. Many facts prove clearly the relations of the erysipelas neonatorum to puerperal fever and again the temporary and genetic relationship of the latter to erysipelatous, pseudo-erysipelatous and carbunculous processes. But whilst it was established long ago, that the erysipelas of the navel passes into the deeper layers of the abdominal walls and even to the peritonæum, ending as omphalo-peritonitis; yet the erysipelatous nature of many forms of endometritis, metritis and metro-peritonititis, is not fully understood. By studying carefully, during the course of a puerperal fever, the state of the ovaries, of the ligaments and of the surface of the uterus, we find, exactly as in phlegmonous erysipelas of the skin and of the tissues below it, at first *lymphatic œdema* with considerable swelling of the parts, then coagulation in the tissues, *puriform and diphtheritic infiltrations* with necrosis, and at last, dissolution of the affected tissues. Examining these infiltrations, apparently so puriform, we do not find even a trace of pus-nuclei, but amorphous, granular, fatty masses, opposing steadily all reagentia and agreeing perfectly *with the diphtheritic infiltrations of the surface, especially of the mucous membranes.* All these changes belong therefore to a specific inflammation, distinctly differing from a common, simple inflammation by its origin, its cause and its termination, and which we therefore call "*erysipelas malignum puerperale internum.*"

That what is here taken up by the blood, is the same as what passes into the circulation of the patients, who were wounded or had to pass through an operation, when the affected surfaces are attacked by diphtheria or erysipelas. We have in either case nothing to do with pus, nothing with common putrefying products, but with *specific secretions* in a state of decomposition, which under the action of miasmatic or epidemic influences which emanate from the lymphatic fluids, and which possess the faculty of infecting not only their own body, but also those of others. As yet it is impossible to determine chemically what the change is, which it produces in the blood, but so much is certain, that impure fluids are added to the blood, and I propose therefore to call this state "Icchorhæmia," for the ancient scholars understood ichor to be "thin fluid, corrupt secretions."

So far Virchow! Let us now analyze and find out first what diphtheria is, and second what is the cause of these specific poisonous secretions.

Although diphtheria can attack any mucous membrane, and, as we have seen, every external surface deprived of its natural covering, yet for brevity's sake we will speak here only of diphtheritis of the throat, and we find that its real characteristic is the formation of a false membrane, covering the tonsils and extending over the soft palate, and the quickness with which the membrane forms and extends itself to the larynx and pharynx. The fauces are swollen by a sort of *inflammatory œdema.* This tumefaction of the throat, extending to the cellular tissue outside with glandular enlargement, is one of the most unerring marks of the severity of the internal lesion. The disease begins in nearly all cases with a high grade of fever, preceded by *chills.* Patients frequently complain of their "bones aching" or of a dragging, pulling sensation, especially about the knee-joints. From the very beginning of the disease *great characteristic debility,* shows that the disease attacks the vital forces themselves. Like in all diseases, where the blood is contaminated by the admixture of some putrid or decomposing fluid, the effects will vary according to the intensity of the poison, the quantity introduced with the rate of its absorption, and the power of nature to eliminate the foreign intruder. We may find, therefore, only simple sore throat with perhaps elevated papillæ on the posterior wall of the fauces; or ulcerated sore throat with glandular affections, or the *wash-leather membrane with fetid exhalation* and *profuse, acrid, excoriating nasal discharge.* Albuminuria, abscesses in different parts of the body, paralysis in its different forms, are the frequent sequelæ of this dire disease. When diphtheria rages epidemically, all sore throats show a tendency to ulcerate or to pour out exudation upon the affected surfaces. According to Laycock and others, a parasitic fungus, the oidium albicans, is found in the specific exudation of diphtheria. This fungus seems to be the same which is seen under the microscope, upon the diseased vines of potatoes, causing there the potatoe rot, and the two diseases invading the animal and vegetable worlds respectively, would therefore have a common origin. Microscopic examinations have shown the sporules and mycelium of this fungus on the mucous membrane of the mouth, fauces and alimentary canal; its irritation induces in the enfeebled membranes an increased secretion of epithelial scales and exudation corpuscles, which with the fungus constitute the membrane or pellicle; it seems to act upon the capillaries of the subjacent tissues, which are red and bleeding. Syphilitic, scarlatinic and rubeolic inflammation may take on the diphtheritic form during an epidemic, and the fungus may excite an irritation without forming a pellicle; it is not vesicular nor ulcerative like aphthæ, and the redness is deeper.

That these fungous parasites are the cause and origin, but not the effect of the disease, may be proven by other diseases; for it is an established fact now, that the fruitful source of intermittent fever consists in numberless myriads of microscopic cells, suspended in the air over swampy marshy countries. From these fever-plants a covering forms itself over swamps or over damp, freshly exposed plowed ground, on places exposed to the sun, and their sporules or germ-cells rise up, carrying with them the disease. The sporules can always found in the expectoration of fever patients, and they are most dangerous in the hot season after wet weather. In East India, when the rains have ceased and are followed by an oppressive heated term, the poison is so intensive, that even wild animals forsake their usual haunts, and no human being can live in those neighborhoods. This swamp demon is the pestilence which walketh in the dark, for it is nearly certain, that the germ-cell of the fever-plant rises up only with the evening dew.

From these same East Indian swamps we have also received the Asiatic Cholera. Now Bœckel has already shown in 1852, that malaria shows itself with the zero of the ozonoscope, and the same takes place, he says, when intermittent fevers are prevalent. During foggy weather the ozonoscope frequently marks zero, and this want of ozone produces a putrid fermentation, the disengagement of gases and other physical phenomena, by means of which, according to Dr. Billiard, all the morbid symptoms of cholera, from its period of incubation to its fatal or favorable termination may be explained. We may safely say, therefore, that cholera as well as intermittent fever are caused by the production of parasites. Dr. Salisbury, of Ohio, has proved, that the fungi of musty wheat straw will produce a disease exactly like measles, and the same has happened in another case, where mouldy flax-seed meal was thrown in a boy's face.

We are sure, that these microscopic parasitic organisms cause more diseased conditions, than physicians are yet aware of; and although it may be impossible in some cases to find out whether the fungous growth is a primary or secondary process, yet so much we know, that they will spring up wherever they find a suitable nidus, either producing a new disease, or complicating and masking the original disease. We have already seen that dampness of the ground, followed by hot weather, produces the parasites of malaria; we know also that the foul air of sewers and cesspools produces typhus and its kindred diseases; we know the contagiosity of puerperal fever and hospital gangrene; we know the inoculability not only of small-pox, but also of scarlatina and measles; and we candidly believe that every vegetable or animal poison, able to produce fermentation in the blood, owes its poisonous qualities to such parasites, as the microscope has shown us in some diseases, and time will perhaps yet teach us the different genera, each of which working in its own peculiar sphere and producing its own generic disease, only differing in intensity according to its own individuality, the quantity introduced and the reactive power of the patient.

All these diseases, we may call them "catalytic or zymotic," must have some symptoms in common, which distinguish them from all other classes of diseases; but we would remark, that all words ending in "itis" do not always indicate an inflammatory disease, for many of them are wanting in the well-known characteristic symptoms of true inflammation,—pain, heat, swelling and redness. Wolther taught already years ago, "that a pure inflammation can only end in resolution or in suppuration, all other issues, as ulceration, gangrene, &c., are not products of the inflammation *per se*, but of a *modified* inflammation, checked in its development and running an irregular course." "*Puo bonum et laudabile* is mild, chemically neither acrid nor corrosive, and, even when absorbed by the veins and carried into the general circulation, either expelled with excretory fluids or deposited in internal organs or cavities, to find its way outward by metathematic process. Savory considers also the word pyæmia an unfortunate one, as there appears no good grounds whatever for the idea, that *pus in the blood* is a necessary link in the chain of causation of what is usually called "pyæmia." There must be therefore some *materies morbi* to *modify* the existing state, and to effect changes in the blood during a period of what is termed "incubation," whereby it is abundantly multiplied and reproduced. This *materies morbi* may be introduced in the body through outside influence, as malaria, syphilis or the exanthematous diseases, or originate from decomposition of some parts in the body, as pyæmia after amputations is frequently due to the old-fashioned ligature upon a blood-vessel after the operation, where, after closing the wound, it is equivalent to inserting a bit of dead flesh or a seton. Deep and depending wounds furnish also the foul discharges that cannot easily escape; in necrosis we have even a dead body surrounded by the living tissues, and as long as the proportion between the absorption of the poisonous matter and its elimination through excretory organs is in favor of the latter or at least equal, we still may hope for restoration, but our prognosis gets more unfavorable in proportion to the rapidity with which its effects are developed. Here we have then a putrid diathesis fully established with its œdematous swellings, soft spongy state of the mucous membranes, foul breath, gastric disturbances, and its whole train of low fever symptoms. Should pneumonia set in in such dangerous cases, the lowest parts of the lungs are most frequently affected, and the quickness and smallness of the pulse and the difficulty of breathing stand in no proportion to the inflammation.

I do not know any disease which shows more clearly the effects of animal poisons on the constitution than trichiniasis; and its symptoms may be taken as representatives for this whole class of diseases. Here we have loss of appetite, frequently with diarrhœa; œdema of the eyelids or of the whole face; painful sensation of weakness in the limbs; œdema of the joints; profuse clammy perspiration; inability to breathe freely; and the only differential symptoms between typhus and trichiniasis are, that in the latter the spleen is not found enlarged (perhaps because this disease spends its force more on the muscles,) and roseola is not always found.

Let us compare these symptoms with those of pyæmia and ichorrhæmia.

We have already seen that Virchow understands under ichorrhæmia and septicæmia a change in the blood, produced by specific secretions in a state of decomposition, which emanate from the lymphatic fluids under the action of miasmatic or epidemic influences, and possessing the faculty of infecting not only their own body, but also those of others.

Bock, in his diagnostic, is the only one, as far as my readings go, who has clearly laid down the difference between these two states, and I cannot do better than to give his own words. He says:

"Under *pyæmia, pus-poisoning or pus-fermentation of the blood, metastatic or purulent diathesis, purulent infection, purulent crasis,* we understand the great tendency to the formation of more or less numerous foci (multiple, lobular, metastatic abscesses, pyæmic foci). This tendency may show itself in the blood, when fibrinous clots, a conglomeration of pus-corpuscles glued together in one piece, coagulated blood, cancerous masses, cellular tissue, enter the circulation. All these substances, so foreign to the blood, as soon as they are larger than the blood-corpuscles, remain imbedded in the narrower lumina of the blood-vessels (emboly) and cause (when they do not fall to pieces and are thus carried off) coagulation of the blood, inflammation, fibrinous infarcts and croupous or purulent exudations (pyæmic foci). The fibrinous or blood-coagula, swimming in the blood and causing metastasis, are usually disengaged particles of larger clots (thromboses) in veins, arteries or the heart. Should these smaller coagula originate from the portal system, (which is frequently the case,) or from the right side of the heart, they remain in the ramifications and capillaries of the pulmonal arteries, and cause metastasis in the lungs. Originating from the left side of the heart or aortic system, they form pyæmic foci in the capillary system of the larger circuit, especially the spleen, kidneys or joints. The coagula from the vena porta cause metastatic abscesses in the liver. Next to these mechanical (embolic) formations of metastatic deposits, such a formation may also happen, where the fibrine (spontaneously or by admixture of disintegrated pus-corpuscles in the blood?) shows greater tendency to coagulation in the capillary system (inopexia), producing its metatasis there.—The blood in pyæmia is poorer in fibrine and richer in colorless blood-cells, taken by some for pus-corpuscles (for we have no distinguishing mark between them and the chylous corpuscles).

Symptoms of *pyæmia* are:

Fever with well-developed paroxysms of chills: (wherefore pyæmia was taken formerly as a pernicious intermittent), but of manifold severity, mostly irregular, returning with more or less frequency, and followed by a high degree of heat; great frequency of pulse and respiration; pulse small and soft during the height of the disease; dryness of the mouth and of the skin alternating with copious perspiration; miliaria. Frequently also swelling of the spleen (especially when it is the seat of metastatic foci) and gastric disturbances, as vomiting and purging.

Yellowish color of the skin: (but without the coloring matter of the bile in the urine and without discoloration of the fæces) most probably produced by a change of the hæmatin in the blood. The skin gets, if not icteric, at least faded, discolored, sometimes covered with petechiæ or with erysipelatous and phlegmonous affections.

Typhoid symptoms: General and severe malaise with feeling of debility; great prostration; features distorted and pale; fuligo; headache; dullness of the head, sleeplessness or sleepiness; stupor, delirium, sopor, spasmodic, and paralytic symptoms.

Causes producing pyæmia: local suppurations (from operations, wounds, internal inflammations); gangrenous spots and processes of exulceration, around which we often find phlebothrombosis, inflammation of the veins, lymphatics and lymphatic glands (with the latter sometimes septicæmia); obstruction of blood-vessels (phlebitis and enteritis); coagulation on the internal surface of the heart (endo-carditis). Pyæmia appears in different degrees; the severer form, which is nearly always fatal, is the real, genuine disease; the lighter degree may be described as the accompanying suppurative fever of such diseases, which show during their course transient formation of pus (smallpox, tuberculosis, wounds). In some rare cases the course of pyæmia is chronic, lasting for months; and death comes through anæmic consumption, hectic fever, and dropsy.—Puerperal fever has also a pyæmic form, as it has a hyperinotic and septicæmic one, and the pyæmic form is distinguished by metrophlebitis and metrolymphangioitis (pus and coagula in the uterine veins and lymphatics) and by pyæmic metastases.

ICHORRHÆMIA, SEPTICÆMIA.—When ichorus or gangrenous substances, produced somewhere in the body, (sometimes perhaps in the blood-vessels or in the blood itself) enter the circulation, it produces in the blood a putrefaction (*septic poisoning* of the blood), whereby it receives qualities deviating from its normal state: it gets a dark brown-red color, looses more or less its quality of coagulation, coagulates to a jelly-like or pitch-like mass, does not redden any more when exposed to the air, develops Carbonate of Ammonia (acting decomposing on the blood-corpuscles and as a solvent to the fibrine and coloring matter of the blood) gets sour by a surplus of lactic acid (destroying the blood-corpuscles), develops hydrosulphuretted gas or hydrothionic ammonia; its serum through the dissolved hæmatin takes on a dirty brownish-red color, its extractive matter is increased and qualitatively changed. As a consequence of this deterioration of the blood exudations and infiltrations of dissolved, discolored coloring matter of the blood appears in the tissues of different organs, as well as in the secretions and excretions.

Symptoms of blood-sepsis are:

Severe fever with typhoid characteristics: Severe chills, high fever (color mordax), insatiable thirst, pulse extremely accelerated, small and weak; extreme prostration, delirium, sopor, paralysis.

Hæmorrhagic transudations: Decomposed parts of the blood are passed in the secretions and excretions, in the urine, stools; bloody infiltrations, ecchymoses and petechiæ in the skin, which shows a dirty yellowish-brown color.

Swelling of the spleen: The spleen, the solitary follicles and Peyerian plexus of the small bowels as well as the mesenterial glands, swell up secondarily in consequence of the inflammation of the mucous membrane of the small intestines.

Diarrhœa: In consequence of the intense hyperæmia of the mucous membrane of the small intestines, degenerating sometimes even to a croupous inflammation.

Septicæmia resembles typhus in many points, in others it shows a similarity to the scorbutic dyscrasia; it stands in fact between the two, but is distinguished from the former by the typhus-exanthema and the symptoms of the decomposition of the blood, from scurvy by the gingival affection, yet our chief diagnostic point will always be the presence of an ichorous or gangrenous focus. Metastatic foci may also be found in ichorhæmia, but the coagula in the blood-vessels are always only of a jelly-like consistency, and when particles are carried off from them and lodge in the capillary system, they there form metastatic ichorous or gangrenous foci.

The *decomposition of the blood* is therefore the *chief diagnostic difference* between pyæmia and septicæmia, and as long as this peculiar alteration of the blood has not taken place, we ought to speak only of the former, but not of the latter. In pyæmia the blood may be changed in its different constituents, but they remain the physiological parts of the blood still; whereas in septicæmia the dead particles (the infusoria of putrefaction?) alter and decompose the whole mass of the blood. Some might call it only a difference in degree, but Virchow is right in discarding the word "pyæmia" in all cases where a something, a poisonous matter has been added to the normal constituents of the blood. Good and laudable pus, the product of a simple inflammation, will never produce the scourge of infectious gangrene or of the dreaded infectious puerperal fever. A something has to be added to produce this change, either from within or from outside.

Kafka has well understood this difference between pyæmia and septicæmia, and distinguishes, therefore, three different diseases, which are frequently thrown together under the name of puerperal fever. Metrophlebitis, he says, progressess often to the tubes and the ovaries, causes frequently thrombosis in different parts of the body, mostly in the vena cruralis, producing thus phlegmasia alba dolens, and is also often the cause of metastatic abscesses in distant organs, as in the liver, spleen, kidneys, lungs, or in the muscles and cellular tissue. Peritonitis puerpuralis producces either fibrinous, mostly saccated exudations, or the exudation in the abdominal cavity is fluid, purulent, serous, copious, sometimes like whey, in which numerous fibrinous clots swim about. But the most frequent form is endometritis; and here the disease appears oftener under the form of dissolution of the blood, for the ichorous, watery and foul-smelling lochial discharge produces ulceration in consequence of a state of gangrene of the mucous membrane of the vagina, the disease spreading from the endometrium to the bowels, produces a tedious debilitating diarrhœa; the paralysis of the abdominal muscles allows a state of meteorism, and in the malignant septic form, death ends the scene either by hydræmia or by the dissolution of the blood.

Prof. Buhl considers the inner surface of the uterus as the starting point of all morbific changes in puerperal fever. The disease spreads from there along three different roads—the mucous membrane of the tubes, the blood-vessels and the lymphatic vessels; and in conformity with it there are three principal forms of puerperal fever: 1. Puerperal peritonitis without pyæmia; the irritant matter spreads from the uterus through the tubes into the peritoneal cavity; their tissue becomes swollen, loosened, injected, and the canal is filled with *thick pus.* This *is most frequent when there is an epidemic* and is not nearly as dangerous, for death results only as the consequence of general peritonitis. 2. Pyæmia without peritonitis (the metrophlebitis of Kafka). Here we find thrombi containing pus and prone to putrefaction, especially in the veins at the insertion of the placenta. There is often embolic inflammation followed by suppuration and gangrene of the lungs, the spleen, the kidneys, the brain and the other organs. 3. In this form there is always peritonitis, but no *thrombosis of the veins, which are merely filled with thin discolored blood.* This disease spreads by absorption through the *lymphatic vessels* and the connective tissue, which envelops them and the blood-vessels. There is also general infection by absorption of poisonous matter in the blood, either immediately from the womb or from the infected lymph. This we call *septicæmia with lymphangitis.*

Dr. Tyler Smith considers also contagion and infection the chief sources of puerperal fever, and if all our means, in the way of prevention, were brought into operation, it might become a very moderate cause of obstetric mortality.

Dr. Semmelweiss considers puerperal fever a fever of absorption of decomposed animal matter; the first consequence of absorption is decomposition of the blood, and hence exudations. Organic parts, which ought to be expelled after parturition, are decomposed before this happens, and being absorbed, produce puerperal fever through self-infection; but infection from without ought to be guarded against, for these are the most fruitful sources of epidemics.

How nearly all the forms of ichorrhæmia are allied one to another, Williamson has shown us, as some connection has several times been noticed between erysipelas and puerperal fever. On one occasion numerous cases of infantile erysipelas occurred just before the breaking out of puerperal fever among the lying-in patients, and on examination after death the peritoneum of the infants was found to have been extensively inflamed and to be covered with an effusion, similar to what is observed in patients who die of puerperal fever. The disease has been known to break out among the patients of physicians during their attendance upon cases of malignant erysipelas, or after they made *post-mortem* examinations of patients who succumbed to that disease. One nurse, who laid out a woman dying with puerperal fever, was taken in the evening of the same day with sore throat and erysipelas, and died in ten days. Another nurse, who laid out another one, was also seized with sore throat and died in a week. A practitioner had been attending cases of typhoid fever. Within the space of four days he delivered five women, living in different directions. All these women were attacked with puerperal fever and all of them died. What Dr. Gordon says of puerperal fever, might be applied to most zymotic diseases, when he affirms: "I have abundant proof that every person who had been with a patient in puerperal fever becomes charged with an *atmosphere of infection*, which is communicated to every pregnant woman who happens to come within its sphere. No amount of personal cleanliness will always prevent such communication of poisoning influence, since even the blood of the person acting as a medium is affected, and by the breath a certain infectious influence is given out, which acts upon the blood through the lungs and thus carries to the system the germs of the disease.

Even exanthemata, though certainly belonging to the class of zymotic diseases, are only in their worst cases, where the intensity of the poison and the quantity introduced reaches its maximum, allied to ichorhæmia, and yet the exposure of a puerperal woman to the poison of scarlatina will give rise to puerperal fever in patients, proof against the reception of scarlet-fever itself. Small-pox, thanks to an enlightened hygiene, has lost a great deal of its terrors, a favorable prognosis may in most cases be rendered, and yet there is no more mischievous complication, than small-pox and puerperal fever. It seems, as it were, as if the one poison intensifies the power of the other and the mortality among women, thus attacked, is really fearful.

We have so far tried to find out the truth of Virchow's assertion, that *ichor is neither pus nor a puriform emanation*, but a specific secretion in a state of decomposition, producing animal parasites, which possess the faculty of infecting not only their own body, but also those of others; *pyæmia* on the contrary is a degeneration of the blood, with tendency of forming more or less numerous metastatic abcesses in different parts of the body. Cruveilhier has already proved, that these secondary abscesses are not simply passive deposits of pus, but that the pus may be formed in the situation, in which it is found; for wherever such a coagulum may be deposited, it will act as a foreign body, and suppuration is inevitable. Virchow puts the origin of all metastatic deposits in embolia, and mechanical obstruction would therefore be mostly the starting-point to the mischief; but ichorrhæmia with its thin fluid and contaminated blood occurs without any evidence of thrombosis and phlebitis. Chronic abscesses (and metastatic abscesses are always chronic) may produce hectic fever, or by the absorption of purulent fluid, even fever with typhoid symptoms, nay more, even ichorrhæmia might be produced, when, after the abscesses being opened, decomposition with its sequelæ takes place, but in pyæmia only alteration of normal structure or perversion of the normal forces takes place, whereas in ichorrhæmia a materies morbi, a poisonous agent, is the cause of the disease. The chills of pyæmia are the usual forerunners of suppuration, wherever it takes place, and the reactive fever will run the higher, the stronger the patient is yet to combat the disease. But the constant drain on the system, changing the blood to pus, will after a while show its effects; the skin looses its turgor and its rosy freshness, it turns fallow, discolored. Should the metastasis take place to internal organs, we will have the symptoms belonging to those organs, as in the lungs: stitches, dyspnœa, bloody expectoration—in the kidneys: blood, pus, albumen in the urine—in the liver: swelling and pains in the right hypochondrium—in the joints: pain on motion, &c.

The adynamic fever of pyæmia may run high, but it will never show the calor mordax of bloodsepsis. Bloody extravasations, petechiæ, vibices, bloody vesicles are more intense and more frequent in the latter, than in the former. The action of this blood-poison we see perhaps in no diseased state better, than in secondary erysipelas. Hilton says: erysipelas must be regarded as a blood-poison, and like all blood-poisons attacks those parts of the body, which are the deteriorated portions of the system, causing an evolution of the poison into them or upon the surface. In wounds the margin of the blood is the most deteriorated part; hence, erysipelas manifests there primarily its local action. Coincident with the advent of the general symptoms the character of the wound often suddenly changes. The healing process is abruptly stopped. The surface becomes pale and glazed, the granulations shrink and become dry, the soft parts flaccid and the discharge almost ceases or becomes thin, watery, sanious, fœtid. The rigors, the profuse perspiration, the rapid pulse, the increasing debility, quickly running on into extreme exhaustion and collapse, are the salient and characteristic features of septicæmia.

If it is true, that pyæmia as well as septicæmia may originate from thrombosis or embolia, then our first duty would be, to find out the symptoms of these affections, and then the remedies, if there are any, to remove the symptoms, and thus to lead the patient back to health.

What strikes especially our attention, is: that neither thrombosis nor embolia are hardly ever found in a healthy sound constitution; there is either a latent dyscrasia, which has undermined the health, or some acute disease has disturbed the equilibrium and left the body liable to such dangerous inroads. In the arterial system we find atheromatous degeneration or calcareous ossification as the cause of the obturation, affecting commonly not only one particular branch, but more frequently a large number of arteries. The arterial walls are found rough and irregular, favoring the deposition of fibrin and the formation of plugs. Yet in many cases the clot did not originate there, where it was found, but has been carried off by the circulation from the heart or the aorta, till it became fixed at a particular point of its channel, though its walls at the seat of the occlusion may be perfectly sound (Embolia). We see therefore, that clot-formation in the arteries is either a thrombosis in consequence of an atheromatous process, or an embolia through parts of endocardial vegetations. According to Kafka the consequence of an occlusion of an artery is always gangrene. Its usual symptoms are: Sudden or slowly appearing manifestations at or below the obturation of the artery, as: loss of pulse, coldness, anæmia or venous stasis, whitish or bluish color, loss of sensation or great painfulness, inflammation and suppuration; *œdema, softening, hæmorrhage, gangrene;* pyæmia, septicæmia.

The thrombosis of the veins is either primitive or consecutive. Partial obturation of the lumen of the vein may pass off without dangerous symptoms, as the circulation is not entirely stopped or may be carried on by anastomosis. A perfect obstruction on the contrary produces painful œdema; hydrops, cyanosis; diffuse erysipelatous or phlegmonous inflammation; hæmorrhage, elephantiasis (but not gangrene, as in arterial obstruction), pyæmia. Virchow studied carefully this pathological state, and found, that no sooner is the fibrin deposited, than it begins to undergo certain changes, the primary object of which is evidently to produce absorption of the coagulum, so as to restore the circulation of the occluded vessel. This retrograde metamorphosis is either an amylaceous or fatty degeneration; softening of the coagulum takes place and then some accidental cause gives rise to a detachment of a portion, which, being carried to the right side of the heart and thence to the pulmonary artery, at once produces the phenomena of embolism.

Dr. Richardson observes on this point, that loss of blood and syncope or exhaustion during impoverished states of the body favor coagulation and fibrinous deposition. These are generally attended *by an excess of fibrin in the blood as well as by an excess of water.* The fibrin solvent is thus widely distributed, the density of the blood is reduced, the fibrin superabounds, and stasis is only required to give all the circumstances favorable to deposition. Kafka is also of the opinion, that venous thrombosis is mostly found in severe and exhausting diseases, as puerperal fever, typhus, tuberculosis, Bright's disease, &c., sometimes also in chlorosis and anæmia; at other times this obliteration of the veins appears suddenly in apparently healthy persons, especially in well-nourished fat individuals.—He agrees with Virchow and Savory, that phlebitis is not always the cause of thrombosis, but more frequently it is caused by a tendency of coagulation of the blood.

Grauvogl teaches us, that "the diagnosis of pyæmia is easy enough; but whether the pyæmia has originated from the puerperium, from wounds or from other sources, this is certain, that pyæmia can only develop itself from suppuration, and to prevent suppuration is our first and foremost duty. Our provings clearly teach, that *Arnica and Arsenicum* decidedly retard or fully suppress the formation of pus and exactly thus accelerate the formation of the cicatrix. *Under the influence of Arnica the serum, exudating from the wound, thickens,* the edges of the wound approximate and glue together without the formation of pus. *This evaporation of water* from the serum is as specific a quality of the Arnica, as its increase of urination, although the urine shows neither in quality nor in its quantity any change from its normal constituents. Baruch "calls Arnica the great absorbent," whose many virtues are not yet fully understood; and the chief effect of Arnica consists in the extraction of water from the organic tissues in general. As now in pregnancy and during the puerperal state there is a tendency to an excess of fibrine in the blood and a consequent proclivity to its coagulation within the vessels, therefore Grauvogl is justified in the use of Arnica in his obstetrical practice, and since he has done so, he did not have a single case of puerperal fever. If then thrombosis consists in an excess of fibrine in the blood as well as in an excess of water, then Arnica must be *the remedy* to combat the disease; and, as a preventive it will neutralize the ill effects, *if given, before organic mischief has been set up.* But even then Arnica will frequently be indicated; for in all fevers with typhoid complication and tendency to putrid decomposition, in all passive hæmorrhages, as well as in extravasations, its beneficial use has long ago stamped it as one of our polychrests. This torpor of the capillary system, by which it loses its elasticity, as it were, and allows the passage of blood-cells through the capillaries and into the tissues outside of them as Cohnheim and Bastian have demonstrated, finds in Arnica its specific remedy.

Another polychrest, the great corrector of mal-nutrition, may also find its frequent indication as a preventive against thrombosis and perhaps also against embolia.

Our *Calcarea-carb.* suits fat, pale, bloated individuals, the very persons frequently attacked with thrombosis during a state of apparently good health. The state, which Virchow calls leucæmia, so nearly allied to, if not the same as our sycosis, often finds its specific remedy in the Carbonate of lime, as the cause of the formation of the thrombi may be found in a certain glutinousness, *inherent to a blood-dyscrasia.* The furuncular diathesis, the rheumatoid symptoms, so often seen in metastatic abscesses, the glandular swellings and indurations find their simile among other antipsorics, frequently in the Calc-carb.

Of *Phosphorus* Hughes says: that in this remedy we have evidently a homœopathic remedy for that important pathological change known as *fatty degeneration*, wherever occurring: and we must therefore remember its presence not only in atheroma of the arteries and in softening of the bones, but also when this morbid process attacks the liver and the heart. "Small wounds bleed much, eruptions bleed easily and excessively, when scratched," albuminuric and chlorotic palsy, physical and mental depression, burning pains of internal parts and yet sensitiveness to cold: symptoms enough, to show the value of Phosphorus in every state, where the blood is thin, fluid and contaminated.

But as prevention is better than cure, we have in the combination of these two great polychrests a series of remedies, deserving the closest study. Putschek acknowledged already long ago the twofold effects of the phosphates in their direct increase of nerve-power and in their specific action on the formation of blood. Grauvogl considers them specific in their power to eradicate the tendency to hydrocephaloid diseases, which sometimes sweep away one child after another in the same family. As the brain preponderates in childhood, so the respiratory organs during youth, so the portal system during manhood, but the dire blood-poison acts steadily onward, if not checked in its ravages. Children of arthritic parents or those, having suffered in their youth from diseases of the bones often fall victims to pulmonary phthisis. Phosphorus has not the power any more, to gain the victory over the settled disease, although it may quiet the cough and check the diarrhœa, but the phosphates might have modified the dyscrasia, if used perseveringly in the former state of comparative health. Fatty degeneration of the heart, of the liver or of the kidneys are diseases, belonging mostly to a riper age; and what do our necroscopic examinations show? a fluid, now coagulable blood containing but few corpuscles, a remaining lymphatic preponderance, which might have been changed to good and nourishing blood, if taken hold of in time. That phosphorus produces such degenerations, even Frehrich admits, but no remedy can possess the power to render pathological disorganizations inocuous. To show this dyscrasia, call it leucæmia, sycosis or any other name, with all its terrible consequences in its true colors, would now take too much space, and we will therefore pass over to

Pulsatilla, one of our best remedies in diseases of the veins, when the veins themselves are diseased. Such dilation we find in phlegmasia-alba, retarding the steady current of the circulation, the blood coagulates in the veins, the clot softens and will be converted into broken down fibrine. The veins will regain this contractive power under the action of Pulsatilla, and if given in time will prevent this disagreeable sequel of the lying-in room, for we all are fully acquainted with the power of this polychrest, to produce perfect contraction as of the uterus.

Let us now return to the chief part of our paper, and see, if Homœopathy stands as unprepared to battle against pyæmia and septicæmia, as its older sister, which acknowledges: "that there is no drug in the whole materia medica, that can in the least degree be depended on to control, much less to cure pyæmia (septicæmia), and yet, it is not too much to say, that even from this terrible affection many lives have been rescued by careful management. The great question throughout the case concerns the support of the patient, the liberal use of food and stimulants." Against embolia the old school knows only the enforcement of the most rigid rest, (*a sine qua non* under any treatment), so as to enable sufficient blood to pass through the obstructed vessels to carry on the animal functions, until a free channel for the circulation is in course of time restored. A free administration of stimulants and a liberal supply of strong animal soups will be indicated, to support the strength as much as possible.

Dr. Graily Hewitt has a beautiful article in Braithwaite L. p. 228, on the diet of the child-bed and we can only recommend all our readers to peruse continually this valuable periodical. He also raises his voice against the errors of inflammations and sings pæans to stimulants and food. To all of this we can readily agree, but our armamentarium is not so small, we have other and more powerful weapons; and let us glance at them for a moment.

We have seen, that septicæmia consists in a specific secretion in a state of decomposition, which is added to the blood, rendering the blood thin fluid, losing its power of coagulation, and when not killing outright, producing rigors, low fevers and metastatic abscesses. A remedy, to be a simile, must possess all these symptoms and even produce them in the same succession. Such remedies we find in the snake-poisons, for we also find their action to be "decomposition of the blood and affections of the nervous centres" in quantitative difference according to the intensity of the poison. Molecules of germinal matter are the cause of the disease and Halford has shown us, that the same is the case in snake-poisons, where also germinal matter is thrown in the blood and by their rapid multiplication destroy life.

According to Kafka we do not possess any remedy, to render inocuous any thrombosis or embolia, the treatment of the whole disease must be a symptomatic one, according to the organs affected and the reactive power, which nature is yet able to throw against the disease. Baer is of the same opinion and proposes for the totality of the symptoms the snake-poisons, Apis, Curare, Secale, Phosphorus, Arsenicum and Mercury. Raue begs us to compare Ars., Carb.-v., Chin., Lach., Phos., Sil.—And this is about all that we find in our standard works; and yet these therapeutic hints suffice to lead us in the right track, and that we need not rely on stimulants alone, to aid nature in overcoming these diseases.

The salutary effects of Apis on erysipelatous diseases is well-known, but it is not the common erysipelas of Belladonna or Rhus, but the *œdema,* which gives the keynote to Apis: the cellular tissue is more affected than the superficial skin; depression of the vital forces and prostration characterize its indication, the pains are stinging, burning, smarting; it produces ulcers and furuncles outside as well as in the internal organs, its produces intermittents and will cure recent as well as protracted and mal-treated cases, it will remove serous effusions in all the cavities, only the dropsy must not be caused by disorganizations of the internal organs;—symptoms enough, to show the value of Apis in some cases, but it can never aspire to be a chief-remedy in ichorrhæmia, here Lachesis and Arsenicum loom up as heroes, for their action is more deeply penetrating.

Kafka says the consequence of an occlusion of an artery is gangrene. What is gangrene? the loss of life in any of the soft parts of the body, without extinction of the vital powers in the rest of the organism. When gangrene is the consequence of violent inflammation or of the obstructed return of venous blood, the affected parts are gorged with fluid, constituting humid gangrene, while dry gangrene generally arises from a deficient supply of arterial blood or from constitutional causes, accompanied by very slight or by no inflammation. From the vegetable, the animal and the mineral kingdom we draw our chief remedies against this partial death. Secale, Lachesis, Crotalus, and Arsenicum will cover nearly every case of dry and humid gangrene, where help is yet possible.

The gangrene of *Secale* is of the dry form, attacking the lower far more frequently than the upper extremities and proceding upwards, and it is therefore our chief remedy in senile gangrene, caused by calcareous ossifications of the arteries. The skin is dry, shriveled and insensible, the limbs numb and cold; it paralyzes directly the brain and spinal cord; with one word *exhausted vital force* is the keynote of Secale. Baer says: no remedy in the whole materia medica shows such a tendency to decomposition of the blood; and considering its characteristic relations to the uterus, it must be one of our best remedies against the true puerperal fever, the putrescence of the uterus.

Lachesis is *the* remedy against gangrene. Hughes says: "when a local affection assumes a *malignant* character, and from thence proceed poisoning of the blood and prostration of the nervous energies, there is no medicine to compare with it. Traumatic gangrene, carbuncle, malignant pustule, phlebitic pyæmia, putrid sore throat, all fall under the curative power of Lachesis." Hering considers Lachesis one of our best remedies against diphtheritic exudations. The true puerperal fever, or as Virchow called it: "the erysipelas malignum puerperale internum" will be more manageable, if we study this great remedy still more fully, and give it at a time when a cure is still possible. It is also the only remedy which holds out any hope in the so often fatal omphalo-peritonitis of infants.

The keynote for *Arsenic* appears to me *indescribable anguish and restlessness.* It causes general emaciation; the tissues of the body waste away, the blood loses its red corpuscles, and anæmia with all its concomitants is the consequence. The blood is black and does not coagulate, petechial effusions occur with burning heat all over the body.

And what shall we say of the action of the sulphites and their power of neutralizing the zymotic poisons? Though the judgment of American surgeons during our late war was rather unfavorable; yet may not this negative result have been produced, because the sulphites were frequently applied only as a last resource, when the whole organism was already choked, as it were by the poison, when decomposition of the blood and nervous prostration had already reached such a degree, that reaction was hardly any more possible. Given in time, we do not doubt, that the sulphurous acid will prevent the spreading of the catalytic principle by rendering it incapable of reproducing itself, and while keeping it in abeyance, allow time for its elimination by the powers of nature. It is certainly one of our great disinfectants, and if rightly and timely applied may be one of the great means to destroy the germs, from whence fatal puerperal fever so often springs.

We have tried to study this subject, and find out that we only stand at the threshold! May the masters of our school enlighten us on this subject so full of interest, but yet so little explored, and we can assure them in advance the thanks of their readers.

ARTICLE XXII.—*Cases from Practice.* By ALLAN MOTT RING, M.D., of St. John, New Brunswick.

CASE I. May 21st, 1867. Alice F., aged four years. Up till two months ago a strong healthy child. She has black eyes, brown hair, and is of a sallow complexion; parents healthy.

The history of the case is as follows: In the month of March she was seized with whooping cough, and passed safely through its severer stages. Early in the affection the family physician—an allopath—was called in and attended her regularly—doing little or nothing for the case. Two weeks ago he advised the parents to take the child into the country. The advice was acted upon, and the little girl was driven about eleven miles inland; the road was very rough, causing much jolting, and on the way they noticed the child appeared dumpish. When arrived at their destination she seemed very sick. Rapidly she grew worse and in a short time was thrown into violent convulsions, during the early part of which she vomited a large quantity of yellowish tenacious matter along with the ingesta. All night she lay in convulsions, uttering at times the most frightful screams and foaming at the mouth. She was seen early the following morning by *the doctor*, who gave her medicine to allay the spasms—which he succeeded in doing. In a few hours after taking the allopath's dose she passed into a semi-comatose state, and in this condition she remained till I was called in—a period in all of eleven days. During this long weary time the mother has anxiously watched at the bedside of her suffering child; no sleep came to her eyelids, and she hoped on against hope. The doctor came and went, and at last told the parents that their child must die; all within the reach of human skill had been done for her. Unwilling to give her up, they concluded to try—what they had always considered little more than quackery—homœopathy.

Present State of the Case.—6 P.M. Has been in a fretful sleep for two hours—first rest since early this morning. She has not spoken for eleven days, neither has she seemed to hear or see. Skin below normal temperature; pulse fluttering at the wrist, almost impossible to count; head thrown back, and the occiput buried deep in the pillow; partial rigidity of the muscles of the neck and upper extremities, which when awake is very marked; the left arm was extended and the thumb firmly closed upon the palm, strongly indicative of brain lesions; coughs almost incessantly, convulsive in character.

While watching her she lifted her eyelids and appeared to become awake: immediately she commenced moving her legs about and throwing her head from side to side; eyes have a vacant stare, not wild, more like a person under the influence of Opium than disease; save that the pupils are widely dilated; mouth remains constantly open, and the tongue, which is covered with dark cordes, protrudes as far as possible, and moves from side to side; she tries to bite anything that touches her mouth; retention of urine; bowels moved involuntarily.

Diagnosis.—Cerebro-spinal meningitis. Prescribed without much hesitation Belladonna 2, Aconite-nap. 30th centes., in alternation every half hour while awake.

May 22d, 11 A. M. Rested better last night than she has since sick; commenced to worry at 6 A. M.; cough not so frequent nor so severe; other symptoms the same as yesterday; save that she urinates more freely; the ceaseless motion of her head is distressing to behold. Bell. 2 and Acon. 30 continued.

May 23d, 11 A. M. Patient this morning evidently worse; most of the symptoms exaggerated; pulse a mere thread; slides down in the bed; tries to bite her hands, so that we had to muffle them; skin dry and rather hot; eyes still fixed; pupils dilated, do not act in the smallest degree to the light; spasmodic contraction of the muscles of the upper extremities; mucous and other rales heard all over the upper lobes of the lungs; percussion gives marked dullness in the inter-clavicular region, left side; difficult inspiration with prolonged expiration; utters peculiar piercing cries; bowels more regular. Ordered beef-tea, strong. Prescribed Bell. 3, Phosphor 3, in alternation every half hour.

May 24th, noon. Patient had a very good night and this morning seems improved; pulse more natural, 90 per minute; still throws the occiput deep in the pillow, but does not move the head so much from side to side; mouth closed; tongue still very much coated; countenance more animated; pupils do not act to the light; breathing more natural; rales quite indistinct; percussion still shows dullness; coughs seldom and quite loose; seems to hear slightly what is said to her. Advised sherry wine with beef-tea. Prescribed Bell. 3, Nux-vom. 6.

May 25th, 11 A. M. There is decided improvement this morning; had a very comfortable night; she hears distinctly, and I believe has partial eyesight; pupils act slightly to light; skin normal in temperature; does not work much with her head; lies more natually in bed; muscles of the neck and upper extremities less rigid; seems to be considerable tenderness along the spine, especially in the cervical vertebræ; bowels regular; pulse 80. Prescribed Nux-vom. 6, Bell. 6.

May 26th, 11 A. M. Patient has wonderfully improved since yesterday; is quite sensible; takes notice of all that is passing around; pulse rather accelerated, 118 per minute, full and regular; cough very slight; pupils act well to the light; complains of her head aching; is very awkward with her arms and hands, seems to have very little power over them; bowels regular. Strong beef-tea and wine continued, as the little patient is very much emaciated, a mere skeleton in fact. Bell. 6, Nux 6.

May 27th. Still improving. Bell. 6, Nux 6.

May 28th. Doing nicely; sleeps well at night; appetite good; gaining strength; pulse 80, strong and regular; skin moist; still some paralysis of upper extremities; bowels regular. Bell. and Nux continued.

June 7th. Patient was brought back to the city this afternoon; I saw her a few hours after her return, she was sleeping and looking in the face almost as if she had never been sick. Skin normal, pulse 85. There has been a vast improvement during the past few days; yesterday she walked a little, but was very feeble; has not yet recovered the full use of her hands; bowels inclined to be costive. Prescribed Bryonia 3.

June 10th, noon. Little girl lying on the sofa, looks bright; has more use of her hands; bowels regular; pulse 80, full.

The old family physician called in to see her this morning, (it appears he had never heard of the family calling in a homœopath,) and informed the mother that her child could not possibly be doing better, and that not one child in a thousand could have stood what she had and live! Indeed Dr. Allopath!

This case went on to complete recovery, and up to the time of writing enjoys the most robust health. The whole family and many of the relatives have become thorough converts and warm supporters of the only true law of cure, "*Similia Similibus Curantur.*"

CASE II. *Scarlatina Maligna.* During the past winter scarlatina raged in St. John almost like an epidemic. My object in reporting this case is to endeavor to illustrate the very remarkable influence that Hydrastis-canadensis has when applied locally to the tonsils in the worst stages of this most terrible disease. Out of a large number of cases I only lost one, and this was from acute desquamative nephritis, the patient having passed nicely through the fever. My allopathic brethren were very unfortunate with their cases. My treatment consisted almost entirely of Belladonna and Mercurius-protoiod. In families where Belladonna was used as a prophylactic none of its members were seized, while in others where only a few would use it, those who would not were almost invariably seized,—that was where it had already entered the family.

Jan. 4th, 1868. Henry C., aged sixteen years, was seized in the night with severe frontal headache and vomiting; had complained for some days of sore throat; this morning I found him in a high fever; pulse 130 per minute, irregular; skin hot and dry, and of a purple hue; on the chest beneath the cuticle there is a faint rash; tongue thickly coated white; tonsils very much inflamed and swollen; considerable cerebral disturbance; great restlessness; bowels costive. Prescribed Bell. 3 and Aconite 6, every hour in alternation.

Jan. 5th. Patient worse this morning; deglutition very difficult; it is difficult to understand anything he says; no appearance of rash upon the skin; pulse 130, feeble and irregular; extensive enlargement of the cervical glands; the velum, uvula, and tonsils are commencing to present a coating of a dark brown incrustation; tongue is also commencing to have a brown appearance. Bell. 3 and Mercur.-protoiod 2, in alternation every hour.

.Jan. 6th. No improvement; oppressed respiration; spits up a great quantity of viscid phlegm; pulse 120, irregular; same treatment continued. Strength ordered to be kept up by strong beef-tea and brandy.

Thus the case went on for a week, when the tonsils and velum palati commenced to ulcerate and slough away; sordes collected on the tongue, teeth and lips; the breath became truly offensive, even at a distance from the patient. In a day or so further on the lips showed signs of ulceration, and the patient was evidently fast sinking. Low muttering delirium would come on at times, and at others he would spring up in bed and cry out, then sink back exhausted. Not long before I had been studying the provings of Hydrastis, and it seemed to me if locally applied to the sloughing parts the patient would receive its therapeutical effects internally at the same time. I at once changed my prescription to mercur.-protoiod 2, and Hydrastis, mother tincture; the former a powder every hour, the latter applied to the parts every two hours. The effect was like magic: the destructive process was almost at once arrested; other symptoms were combated with appropriate remedies. I continued the Hydrastis until the ulcerated parts had entirely healed; strength slowly but steadily returned. When almost well enough to leave the house, his upper lip broke out in small angry sores, which coalesced and spread with great rapidity over his cheeks and nose, making him a most unsightly object to behold. Rhus-tox., Arsenicum, Calendula-cerate, and several remedies were tried in vain. At last I concluded to try my old friend Hydrastis (locally), which I did with the most satisfactory results.

CASE III. A married lady, aged thirty-seven, of a highly nervous temperament, consulted me about a year ago with regard to a tumor situated on the right cheek immediately beneath the malar bone. She says it commenced some six years ago as a small swelling under the tongue, evidently in the sublingual glands; it gradually assumed a hard feeling, and by degrees has passed up to its present position. It is generally smaller in the morning, and larger in the evening. In diameter it measures about an inch and a half, is oval shaped, and very hard to the touch. At times it causes her intense pain around the right eye, but the greatest annoyance it causes is the deformity. I commenced treatment with Aurum-fol. 30, a powder night and morning. At the end of a month it had slightly decreased and was softer to the touch. The next month I prescribed Baryta-carb. 6, night and morning. Thus I alternated Aurum and Baryta months about, and at the end of six months the tumor was almost imperceptible; what remained of it was soft and compressible. Shortly after this I lost sight of the patient and cannot say whether the tumor was entirely removed or not; had she continued under treatment the cure would no doubt have been complete.

ARTICLE XXIII.—*Treatment of Pruritus.* From KAFKA'S Hom. Therapie, Vol. II.

PRURITUS UNIVERSALIS is found in plethoric as well as in anæmic individuals, with the old as well as with the young, who have a sensitive skin and an irritable nervous system. Before going into any treatment, it is necessary to closely inspect the skin and the linen, in order to find out if the pruritus is caused by an exanthemata or by parasites, or by dirt, dust, sweat or any other injury to the skin, as it has been observed that wounds and ulcers when healing produce an itching in the surrounding parts, spreading in sensitive persons over the whole body.

We prefer with *burning itching*, Caust. 6, Rhus 3, Phos. 3, Merc. 3, Bry. 3, Ars. 3, or Lach. 6. In very tedious cases, Sulph. 6, Lycop. 6, or Silic. 6.

For *biting itching*, Puls. 3, Ledum 3, Euphorb. 3; in chronic cases, Lycop. 6, Sulph. 6, Spong. 3, or Mezer. 3.

For *stitching itching*, Bry. 3, Rhus 3, Puls. 3, Merc. 3; when tedious, Natr.-m. 6, Silic. 6, Graph. 6, Sulph. 6.

For *pruritus formicans, crawling itching*, Nux-vom. 3, Puls. 3, Spig. 3, Colch. 3, Rhus 3, or Secale 3; when tedious, Sulph. 6, or Sep. 6.

The consequences of scratching very frequently indicate the remedy.

When the *itching ceases after scratching*, give Phos. 3, Calc. 6, or Thuja 3; when tedious, Asafœt. 2–3, Cyclam. 3, Sulph. 3.

When the *itching gets worse after scratching and passes over into burning*, appearing with erythema, eczema, &c., give Rhus 3, or Sulph. 6, in connection with cold fomentations.

Aggravation of the itching in warm air or in very warm rooms indicates Puls. 3, or Iod. 3; aggravation by the *heat of* *the bed*, Sulph. 6, Merc. 3, Ledum 3; when it troubles, especially by the *breaking out of perspiration*, Sulph. 6, Sep. 6, Rhus 3, Merc. 3.

Aggravation *by cold air or when the rooms get cold*, Hepar 3, Rhus 3, Dulcam. 3, Nux-vom. 3; when tedious, Arsen. 3, Caust. 6.

If it appears especially when *going to bed or undressing*, Puls. 3, Rhus. 3, Phos. 3, Merc. 3; when tedious, Ars. 3, Carb.-veg. 6, Sepia 6.

If it continues the *whole night*, disturbing greatly the sleep, Hepar 3, Merc. 3, Ars. 3; when tedious, Iod. 3, Graph. 6, or Silic. 6.

If the itching appears at *irregular periods, but in clearly periodical attacks*, Ars. 3, Natr.-m. 6, Ipecac. 3. In *cyclical paroxysms*, Quinine 1, or Chin.-ars. 1.

Lukewarm full baths, taken two or three times a week, are a beneficial adjuvant to the internal treatment. But, if the skin is very irritable, producing disagreeable manifestations, as fainting, we would try cool baths of 18 to 24° R.

Sea bathing is advisable in nervous pruritus.

Pruritus-ani is often produced by helminthiasis, and then the treatment for these parasites is indicated. In other cases give Puls. 3, Phos. 3, Natr.-m. 6, Iod. 3; in stubborn cases, Calc.-c. 6, Thuja 3, Silic. 6.—Locally apply a watery solution of Iod., Phos., or Thuja. (1 drachm of the third dilution to one ounce of water.)

The itching of the rectum needs Sulph. 6, Sep. 6, or Nux-vom. 3; or Nitr.-ac. 3, or Chin.-sulph. 2–3. In a case where excessive perspiration of the anus (the so-called hæmorrhoidal sweat) produced the itching, the internal use of Thuja rendered good service.

We have to examine if *pruritus pudendorum* may not be caused by crabs, by an exanthema, or by anal productions, as for example condylomata, epithelioma, papillomes, &c., or of morbid qualities of the sebum, or an increased secretion of it; a morbid secretion of the urethra or vagina, a dislocation of the uterus, pinworms between the præputium or between the labia, or perfectly neglected cleanliness, may not be the cause of the itching.

For itching of the male sexual organs we use:

For itching of the *penis*, Ignat. 3, Hepar 3, Phos.-ac. 3; — of the glans, Merc. 3, Sulph. 6, Sep. 6; — of the *corona glandis*, Natr.-m. 6, whereby the simultaneous washing of the glans, surrounded with increased and inspissated sebum, with a strong solution of salt (Natr.-mur. gr. x. aq. dist. ℥i) will do good service; — of the *scrotum*, Kali-carb. 6, or Natr.-Mur. 6; in stubborn cases, Aur. 6, or Nitr.-ac. 3; — on *hairy places*, Thuja 3, or Sulph. 6.

If the sexual instinct is at the same time increased with inclination for onanism, we prefer those remedies which regulate the nisus sexualis, as Nux-vom. 3–6, Calc.-carb. 6–30, Merc. 3, Staphys. 3–6, Phos. 6, and Phos.-ac. 3–6.—Should the nisus sexualis increase to satyriasis, Canthar. 6, Agar. 3, or Phos. 3, will be of use.

For the itching of the *female sexual organs* we prefer:

For the itching of the *external labia*, Merc. 3, Kreas. 3; — of the *mons veneris*, Natr.-mur. 6, or Carb.-veg. 6; for the itching of the *vagina*, if the sexual instinct is not increased, Sulph. 30, Graph. 6–30, Natr.-mur. 6–30, Bell. 6; with erotismus and nisus sexualis excedens, Nux-vom. 6, Can.-ind. 3, Calc.-carb. 6, Zinc-met. 6; with nymphomania, Baryt.-carb. 6, Nux-vom. 3–6, Ignat. 3–6, Platin. 6, Zinc-met. 6.—In all cases of pruritus pudendorum lukewarm sitz-baths and full-baths are to be recommended.

The *pruritus plantaris* or the itching of the soles of the feet we have treated only once. The disease was caused by too copious perspiration, and we relieved it by the internal and external use of Zincum. We used Zinc-met. 6, and applied externally Zinc-ointment, (Zinc oxyd gr. x. axung. ℥i) spread on linen, on the soles of the feet. A similar success might be gained by Phos. or Graph.

For the itching *between the toes* give Merc. 3. In a stubborn case where the skin between the toes was scratched sore, Lycopod. 6 did good service.

In all cases of itching the patient has to abstain from all seasoned, spiced or salted food, also from all spirituous or fermented beverages. When the temperature is too cool, the rooms have to be heated, and if aggravation occurs from the heat of the bed, the patients must be only lightly covered.

ARTICLE XXIV.—*On the Value of the Diagnosis in Allopathic Treatment.* (A *Highly* Instructive and Interesting Case.) Translated from the *Neue Zeitschrift für Hom. Klinik*, Edited by Dr. Hirschel, Member of the Sanitary Council of various Learned Societies, &c., &c., Dresden, May 15th, 1868.

THE following case, was originally translated from the Russian for Hirschel's Klinik, and we now translate it from the Klinik into English for our readers. (Translator.)

"The *Inspector General* of the Russian Army, Medical Department, President of the *Medical* and *Chirurgical Academy* at St. Petersburgh, Professor, Dr. Med. Dubowitzky, died lately, according to the publication of his biographer, Professor Tschistowitz, of a cancer of the breast. Dr. Schypulinsky, who does not coincide with this opinion of Prof. Tschistowitz regarding deceased's death from cancer, ventilates his opposition to this opinion in the "Goloss" No. 107, in which he gives a graphic and in nowise to official medical science, praising, description of the entire cause and treatment of the disease. Dr. Schypulinsky says,

"Two years before his death, Dubowitzky asked my advice, as to *whether* or *no* he had better go to the Carlsbad Springs? To my question for what purpose? he answered: I am affected by adiposis in general, and have most decidedly adiposis of the liver.—After having examined the imaginary invalid, I opposed such a course, as decidedly wanting in rational grounds. I do not know, upon whose advice, or whether from his own will, yet the deceased carried out his intention, and during two seasons he visited the Carlsbad Springs, and drank in 1867 of its waters in an exemplary manner—during 8 weeks 8 to 10 large tumblers daily;—and in addition exercised himself in climbing the mountains, on a very sparse diet. From this time he commenced to be troubled with asthma and turned for advice to Dr. Zyzurin, who happened to be at the Springs also; Dr. Z., after a strict examination declared the presence of an exudation in the right half of the chest. Seemingly not trusting Dr. Z's diagnosis, Dubowitzky went to Vienna, to Professor Oppolzer, for a solution of his doubts. After a strict examination, Oppolzer declared, most decidedly that he could discover *no exudation* and no organic alteration of the heart. On Dubowitzky's return to St. Petersburgh in October of last year, he came to me (Schypulinsky) and requested me to make *another careful* examination, as his difficulty with the breathing seemed to be on the increase. After a most thorough examination, I declared, that *there was no perceptible alteration in the chest excepting a hyperæmia in the lower part of the right lung.* Oppolzer has told me the same thing remarked, D., but why am I depressed so with the respiration, particularly in walking up-stairs?" For *want* of other grounds, I declared this owing to the patient's having used the Carlsbad waters without proper caution, and, his having debilitated himself by too strict diet, and too excessive exercise, &c., &c.

After two or three weeks, D., sent me a note requesting my earliest possible attention, as he declared himself to be very poorly. On my arrival I was astounded at the great change in the invalid's appearance and at the great rapidity and difficulty of his breathing. I am suffocating; remarked the patient. I cannot sleep from difficulty and want of breath. Examine me with the strictest care and keep nothing from me, what may be in my chest or heart. Laying my ear to the patient's breast, I was perfectly astounded at the unexpected (?) discovery, the right side of the chest was to the upper half of the lung entirely filled with exudation. I found it useless to keep from the patient, who is himself a physician, my discoveries and revealed to him everything.

External and internal remedies (what R?) were ordered, for the purpose of controlling the exudation (for controlling unimportant hyperæmia there are probably no remedies?) During the first two weeks everything went well, even with all the unfavorable conditions opposed. (The patient would positively not consent to give up attendance to his duties.) Unfortunately the invalid now contracted a cold, which became a strong catarrh, and the consequence was an aggravation. Regarding the condition now as critical, I suggested that consultation be called in. The choice was Dr. Zyzurin, who after another examination confirmed the presence of an exudation. The treatment remained the same, only excepting Dr. Z.'s recommendation to use milk, and ordered the invalid to keep his room. At this time other physicians, colleagues, and others visited D.; among them were Drs. Eichenwald and Eck, who anew examined the chest, and declared, that there was *no exudation*, but some *morbid growth*, which springing from the mediastinum, spread into the thoracic cavity, and pressed upon the lungs, &c. By means of percussion these gentlemen even pretended to sketch the size and figure of this growth on paper. This view the patient did not share. Dr. Karell at this time made a visit, but his views and opinions were not given. He simply declared it his opinion that the previous treatment was insufficient and advised the pneumatic pressure treatment; from which he had, he said, seen wonders in other countries. For the decision of this question a general consultation was called; and in disregard of my opposition to such pure empirical treatment, having no rational grounds in its favor, and that it would certainly produce no benefit, quite the contrary, the majority of the consulting physicians, with the patient's consent decided to make a trial of *this method*, besides continuing the use of milk. In the commencement this treatment seemed to benefit the patient; he became more cheerful, could lie asleep for a longer time at night, and declared his satisfaction at the ease with which he breathed when under the bell. Meanwhile, with all this seeming improvement, the examinations (which were now made twice a week) of the chest showed *no* objective improvement of the condition, quite the contrary, the right thoracic cavity constantly became more filled by the exudation. The pneumatic pressure treatment was continued for 7 or 8 weeks, and then was abandoned as unsatisfactory. The constant aggravation of the suffocative attacks had reached such a degree, that the patient again called for a *general* consultation to settle upon some decided course; but, before this came to pass, Prof. Dr. Med. Botkin was called in, who made *another strict* examination and then declared the patient to be affected by an *Echinococcus* (a hydatid, or species of worm, v.: *Echinus à Coccus.*—Translator.) in the liver, with which there might be exudation and also a growth of some kind. To the already declared opinions as to the disease, we now had another added. The patient seemed much depressed by this result. The consultation for the arriving at a decision as to the nature of the affection, treatment, &c., consisted of 16 *or more professors, physicians, practitioners* and others, but they arrived at *no conclusion*. Those present divided themselves between Schypulinsky, Ecke and Botkin, while a fourth remained neutral. For the settlement of the vexed question of exudation, Prof. Botkin—proposed the introduction of the trocar into the chest. To this Dr. Karell, Brykoff, myself and a fourth physician opposed ourselves. The remainder and the patient himself coincided with Botkin. Protestation, let it be remembered, was simply made to the experimental probing of the chest, not to a perfect operation for opening the chest, paracentesis pectoris, which should have been done without any experimental probing first. For the probing not the fine, in such cases generally used trocar was used, but one of middle size, for the purpose of facilitating the flow of the exudation in case there should be such present: the trocar was run into the chest and through the canal of the trocar there flowed 10 large beer glasses of fluid exudation. For a few hours the patient experienced relief; however in the night the respiratory difficulty returned with renewed severity. The third day after the introduction of the trocar the concilium was again heard; and the right thorax was again found filled with exudation. What to do now? It was agreed that the operation for opening the chest, paracentesis pectoris was necessary even though it relieved the respiratory difficulty but temporarily. The operation was most skillfully carried out by Prof. Ritter, and again the chest emptied itself of nigh ten glasses of fluid exudation. An elastic tube was introduced into the opening for the purpose of giving the exudation free outlet, and there was also daily from four to five glasses of fluid discharged. By such loss of serum of the blood and albumen the strength of the patient failed rapidly, and nine days after the operation he died."

Before the question is asked, what was the immediate cause of death, we will discuss two others. 1.) Was it desirous to make preliminary probing with the trocar? 2.) Was the operation of paracentesis pectoris necessary, if not to save the patient's life, at least to lengthen its term?

To the first question, I answer (Schypulinsky) unequivocally, *No.* I ask of what use is the art or science of diagnosis, as so highly (?) developed a science, if a physician is unable to distinguish an exudation; and, to do so must turn to the trocar and probe the chest? of what use and for what I inquire, was the technical procedure of auscultation, percussion and mensuration gone through with, when from this nothing resulted but doubt, vague ideas, and problematical opinion? Further, of what use is clinical experience, when according to Prof. Botkin's opinion, the diagnosis of disease *in most cases is simply a lottery?* What, I desire to ask, do we teach in the clinics, the object of which is the instruction of young and inexperienced practitioners, the diagnosis and therapeutics of disease? such progress in diagnosis, I do not understand, &c., &c. As regards the second question, I answer candidly, the only ground for the operation, to rest in the patient's desire and on the ground of the *indicationis palliativæ.* To deny him this would have been like unto not caring for a drowning man's cries. When one considers the various grounds and diagnostic results, then we in this case have *no* rational indications for the operation. It is very probably very hard to distinguish (?) whether the operation lengthened or shortened the patient's life; but at all events it is remarkable that the patient should live and perform his duties and business for five months with exudation in his chest, and after the operation should not live ten days.

Lastly, as regards the immediate cause of death, I must beg Prof. Tshistowitz's pardon, if I do not coincide in his opinion; quite the contrary, if I consider it as altogether incompatible with the pathological results. Though section did reveal a so-called cancer, it is yet plain that a pseudo-product of such kind could be nothing else than the result of a crasis of the blood, as well as the exudation. Why should the cause of death be ascribed to the first and not to the latter, as the exudation, as a complication of the disease, had incomparably more influence on the processes of life than the first? No! not of cancer of the mediastino did Dubowitzky die, but of a crasis of the blood, which resulted partially from a careless use of the Carlsbad waters, and partly from debility resulting from error in diet and over-exertion. A cancer wherever it may be, and particularly so in the mediastinum, could never have made such quick progress, as to have had the influence on the process of life, the respiration and circulation, as we see it had in the deceased."

To the above German translation the Klinik's translator adds the following:

"Herewith you receive the literal translation (from the Russian) of an (according to my view) very suggestive article. It is a wofully, and at the expense of the writer's own feelings related exposition, by one of our most *celebrated allopaths* against his colleagues—an indictment, that will give the entire profession a well-meant but *terrible shock*. (This reminds me of an ancient Greek expression "*you* cannot have me for your friend and flatterer at the same time. T.) The case, as already said, is most highly instructive. Never will there be such a gathering of medical science, neither at the sick-bed of royalty or boundless wealth, as was gathered at the sick-bed of a President of the Faculty. Here all come unbidden as a right, we find the entire faculty and wisdom of medical science; for here the reputation of science is at stake. Here best of all can the triumph of science (?) be seen; or how *insufficient* and powerless it is. The history of Prof. D's sickness and death cannot fail of being of the highest interest. Further comment I leave to your readers, only putting a few more questions on the subject.

Is a hyperæmia no important change in the chest?

Is a hyperæmia not sufficient to cause asthma, and to give grounds for its explanation?

Cannot a hyperæmia of the lungs, the possibility of an exudation, be prognosed?

Is it true, that the so-called physiologo-technical science of diagnosing, *is a highly developed* science? Is it sufficient if only the *status quo* of organs be called into account, leaving out objective and subjective symptoms, as also previous history?

Is a continued examination of a week or month of an invalid sufficient?

Is the most perfect diagnosis of any use to the sick, if we have no other remedies than raw empirical *attempts*, and at last are obliged to subject the patient to a masterly thrust or puncture to bring about alleviation ?"

The learned translator of the Klinik puts some other very pertinent questions, which time and space do not allow me to admit. A few more *honest* men in the old school ranks, and old school medicine would become a purer and better science. The reading of this case brings to one's mind the old saying of the Greeks:

> "Physicians and lawyers only have the privilege
> of killing people, without being put to death for it"

SEEGER.

ARTICLE XXV.—*Periodical Hemicrania of Eighteen Years' Duration.*

Miss I., aged twenty-eight years, hair dark, complexion fair, eyes gray.

Suffered from severe pains in the head when about seven years of age. The first attack that she distinctly remembers, occurred one week after a severe blow on the right side of her head, just behind and above the parietal eminence,—but she thinks the blow had nothing to do with her sufferings.

From the age of ten her pains returned every two weeks regularly, either on Friday or Sunday, often lasting four or five days. For the last four years the megrim has come on every week, and always on Friday, generally lasting two days. She had always been in charge of physicians of other schools. They had never been able to relieve her; and they finally said she never could be cured. Binding a handkerchief around her head would ease the pain slightly. After removing the bandage her forehead was as red as if a mustard plaster had been applied. After a sound sleep she always got over the attack.

The following was about the order of attack: On the day preceding, sharp sticking pains as of knives began in both shoulder-blades and continued half an hour; then they would concentrate in the left shoulder-blade. From this point it would seem to move up the neck behind the left ear to the outer extremity of the left eye-brow, thence to the left side of the root of the nose; from these two latter points it was constantly shifting backwards and forwards, as also between the left shoulder and a place above the left ear.

The severity of the pain was so great that it seemed to blind her; and often in trying to walk she would bend over and be compelled to take hold of something for support. Accompanying this was a morbid appetite,—a craving to eat large quantities very frequently, but this seemed to make her worse, yet the gnawing at the pit of the stomach was so great that she was obliged to eat. She had been subject to an itching sensation between her shoulders for years; it was not constantly there, but was *always absent* when suffering with the head.

Nux 3 and Sepia 200 were used at *different* times for some symptoms then present. Later, Cinchona, mother tincture, a dose every night. The next Friday, free from pain for the first time in years; but on the succeeding week it returned as severely as before, and continued.

A white leucorrhœal discharge of which she at this time first informed me, had been present for years, and this with some other symptoms, not now remembered, induced me to use Puls. (Dunham's 200.)

Very soon there was a rapid subsidence of the discharge; but the hemicrania continued week after week. Now Dunham's 200th of Sulphur was selected, one dose to be taken every Wednesday night. From this time, which was early in July, she has never had a return of the old trouble.

If I am asked what cured her? I can only answer that marked improvement in other symptoms had followed the administration of Pul. 200. Perhaps its action was not awaited sufficiently long, before Sulphur was given. It is fair to state also, that in the same week on which she first had relief, an attack of diarrhœa led a friend of hers to give her a strong mixture of Camphor and Spirits of Nitro-dulcis.

We know that Camphor has proved of great value in recent cases of megrim. But the patient had taken so many strong narcotics without being benefitted, that she can not be induced to believe that the Camphor had any effect except in checking the diarrhœa; and she had sensibly experienced *the continued* action of the previous remedies. W.

ARTICLE XXVI.—*Chelidonium in Biliary Calculi.* By E. M. HALE, M.D.

IN that magnificent pathogenesis of, or rather monograph on Chelidonium-majus, to be found in the British Journal of Homœopathy, 1867, mention is made of the singular power of that medicine in the removal of biliary concretions. I was somewhat skeptical as to its virtues until a severe and notable case came into my hands in the summer of 1868. The patient was a man of about forty-five years. Five years ago he had a chill, which was termed by his physician "congestive." For several hours the collapse was extreme and attended by agonizing pain in the stomach. One year afterwards he had another chill. At that time I was called, and such was the icy coldness, cramps and epigastric pain, that I had him placed in a hot mustard bath until reaction set in. A few hours after coming out of the bath he had a copious bilious stool. In a few days he recovered. I now believe both attacks to have been caused by the presence of biliary calculi.

Nearly a year ago, when this gentleman was temporarily residing in Canada, he was seized with another chill; but this time recovery was not so rapid, although he was in the hands of a homœopathist. A low fever supervened, attended by intense gastric and hepatic pain, vomiting, diarrhœa *white and clay-like*, great prostration and emaciation, and finally complete jaundice. As soon as he was able to return to this city he placed himself under my care. He was much emaciated; skin and eyes of a deep yellow—almost bronze hue; no appetite or digestion; urine scanty, brown, and saturated with the elements of bile. Under the use of Nitric-acid, Digitalis and Nux-vom. he improved considerably, but the chief symptoms were only ameliorated. He was under my care several weeks. He then went to visit his brother, an allopathic physician, who gave him the usual allopathic treatment, consisting of Calomel, Blue-pill, Nitro-muriatic acid, Quinine, &c., but without conferring any benefit, but rather aggravated the general morbid condition.

He again returned to this city and for a month or more was under the treatment of Dr. Small, during which time many of his symptoms became ameliorated, but the seat of the malady remained untouched. Becoming utterly discouraged he abandoned all treatment for several weeks. One day, after some unusual exertion, he was seized with one of his old attacks of chills attended with intense gastralgia, vomiting, &c. I was called to see him and found him in a pitiable condition. The chill was relieved when I arrived; but his extremities were stiff-blue and cold, tongue cold, eyes sunken, and he believed himself dying. Under the use of Arsenicum and friction with mustard, this condition was relieved in a few hours; but such was the shock to the system, that for several days the circulation was very feeble, and his condition was rendered worse by frequent attacks of vomiting, intense pain *in the region of the gall-bladder*, and clay-colored diarrhœa.

Under the use of Digitalis and Ptelia he slowly regained strength; the attacks of vomiting ceased; but not a trace of bile appeared in the stools, nor did the urine become more normal. (Leptandrin, China, and many other remedies were also tried.) I had previously suspected the presence of an obstruction somewhere in the liver, but could not determine whether it was from organic disease, or the presence of calculi. I was on the point of giving him my usual treatment for gall-stones—namely Olive-oil, followed by Podophyllin in laxative doses—but his debilitated state seemed to forbid such measures. Just then the cases reported by Dr. Buchmann in his article on Chelidonium* occurred to me and I resolved to test the value of that medicine. I ordered him to begin with ten drops of the 1st dilution, every two hours for two days, no change; then thirty drops every two hours for one day, no change; then five drops of the mother tinctures every two hours. After taking this last prescription for forty-eight hours, a hard, heavy substance was found in the still clay-colored stool. (The stools had been carefully examined for a week before commencing the Chelidonium.) It proved to be a *calculus* about ¾ of an inch in length by ⅛ of an inch in diameter, worn smooth on one side and one end, a proof, according to Dr. Budd, that it was only one of many. However, be that as it may, its expulsion probably saved the patient's life, for a few hours after he had a copious bilious stool, the *first for four months!* This was followed by a wonderful and rapid change in the *morale* of the patient. He became cheerful and hopeful, whereas he had been for months utterly despondent. His appetite and digestion returned. He gained strength and flesh rapidly, and in a few weeks resumed his usual active habits of life.

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* British Journal of Homœopathy, Vol. XXV., page 38.

In this case, although there may have been several calculi, it is probable that all were *smaller* than the one expelled by the Chelidonium, which last was, according to Dr. Budd, the largest and chief obstruction. The extremely skeptical might urge that the Chelidonium perhaps had nothing to do with its expulsion. I cannot carry my doubts so far, for it would be passing strange if such a cure should occur spontaneously. Besides the cases quoted by Dr. Buchmann amply confirm the great power of Chilidonium in the removal of obstructions in the gall-ducts.

ARTICLE XXVII.—*Surgical Cases Treated Successfully with Homœopathic Remedies.* By JOHN HORNBY, M.D., Poughkeepsie, N.-Y.

CASE I. *Scirrhus Mammæ.*—On the 22d October, 1855, I was consulted by the subject of this report, a married lady of sanguine lymphatic temperament, for the treatment of a scirrhous breast. She reported as follows:

Is thirty-eight years of age; has had six children at their full terms. Six weeks after her last confinement (which was on the 15th April, 1855), she was taken with what she supposed to be an inflammation of the left breast, and was treated for such by her allopathic medical adviser, and went through the usual course of allopathic applications and medications, which was continued without success for two months. Her physician suspecting matter to be in the breast made an opening into it, from which gushed a full stream of blood, half filling an ordinary wash basin. The opening, she said, was filled with cotton and lint, and in a week another was made with a similar result. Then after a long and unsuccessful treatment, amputation was proposed to her, which she refused. The breast was hard and lobulated, and twice the diameter of the healthy one; the skin was discolored, looking like marble; an inch from the areola, on the upper surface of the breast, was a cancerous ulcer, leading into a fistula, discharging blood and creamy matter of a sickening odor. The nipple was drawn inward, and like the areola was of a dark red color. The patient looked dispirited and worn with pain; had little or no appetite; had restless nights from lancing, stinging pains in the breast, for which she had been freely drugged with morphine.

I ordered all former applications and medications to be discontinued; and to take one teaspoonful night and morning of Hepar-sulphur, third decimal potency in half a pint of rain water. Diet light.

October 30th.—The discharge from the breast is thin and colorless; the breast remains the same. Ordered to take three globules of the thirtieth decimal potency of Mercurius-solubilis every night, and omit the Hepar-sulphur.

November 7th—Has had much pain in the breast since last report; in all other respects she is the same as before. Decided to alternate the Mercurius-sol. with three globules of Conium-maculatum, thirtieth decimal potency, every second night.

November 13th.—Slight improvement in the breast; the marbled discoloration subsiding; so is also the hardness; her general health is better. Medicines continued as before.

November 22d.—The pain in the breast gradually subsided, and the swelling diminished, measured one-fifth less; the breast feels softer. Medicine as before.

November 28th.—The breast has decreased one-third its former size; the marbled discoloration dispersing; the fistula is filling up; and the ulcer granulating. Conium-mac., every second night; the Mercurius-sol. omitted, and generous diet.

December 14th.—The swelling and discoloration have entirely dispersed; the breast feels soft; the ulcer nearly healed, and her general health much restored. Continued the Conium twice a week.

January 2d.—The breast has returned to its normal condition. Since last report to the present, the patient's breast has been, and is now apparently quite healthy.

Remarks by the Author.—It will be seen that after a week's use of Hepar-sulphurus the character of the discharge from the fistula was changed; for which it was homœopathic.* The administration of Mercurius-sol. was followed by much pain in the breast, indicating its specificity to the case, and being alternated with Conium-mac., which was homœopathic to the morbid condition of it, named scirrhus, subdued the disease and produced a satisfactory and permanent cure, which continues to the present time.

CASE II. *Sarcocele.*—In November, 1859, I was consulted for the cure of sarcocele, by the patient, who reported that a month before he had had inflammation in the left testis from a cold, which had been treated by his allopathic attendant with leeching, fomenting, and purgatives, &c.

The testicle was large, hard and knotty; and the spermatic chord thickened; along the course of which he felt occasional shooting pains; aggravated on rising on his feet and moving about. In other respects he was well. He was directed to suspend the testicle, and take one teaspoonful night and morning of Pulsatilla, 12th decimal potency, six globules in half a pint of clear rain water.

On seeing him three days after, I found him better; the pain less; the swelling and hardness diminished, and the testicle feeling softer to the touch.

He was directed to take Conium-mac., 30th decimal, in alternation with Pulsatilla, 12th. Every other night three globules for a dose. In a fortnight he reported himself "well."

He was desired to apply in case of recurrence, but not having been heard from since, I am led to consider his a permanent cure.

CASE III. *Prostatitis.*—In February, 1856, I was summoned into the country to visit a farmer laboring under prostatitis, aged about fifty-six years, of dark complexion and feeble constitution. On examination externally, the prostate presented the size of half a hen's egg, felt hard and gave pain on pressure. Internally it felt the same and pressed upward against the bladder. The patient has difficult urination, with constant and irrepressible desire to void it, which came away in small quantities. He was emaciated and exhausted, slept little and ate less. I gave him Thuja-occid., mother tincture, one drop in eight ounces of clear rain water, one teaspoonful every six hours, and Cantharis 12th, three globules every night, and in one week he was restored, and up to the present time has had no return of the disease.

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* See Observations on Hepar-sulph. in Symptomen Codex, by Hempel, Vol. I.

(TO BE CONTINUED.)

ARTICLE XXVIII.—*Cases from "Hausmann's Causes and Conditions of Disease."* Translated by S. LILIENTHAL, M.D., of New-York.

(Continued from page 47 of the August No., 1868)

MANIA TRANSITORIA.

THERE is only a very gradual transition from the peculiarly altered state of mind, which we usually find in every anæmic and especially in every chlorotic patient, from the malaise and atony, from the anxious and suspicious behavior of such persons to the cases, complicated with clearly defined mental diseases. The series of nervous symptoms are anæmia, the dizziness, the surring in the ears, the altered frame of mind will be only completed by the appearance of crazy illusions.

Thus only can we explain the remarkable cases, where a mental disease appeared for perhaps ten minutes or half an hour, without ever afterwards returning. Such a case I witnessed in an anæmic girl, who suffered for a long time from gastric ailments and was suddenly taken down by a hæmatemesis. She was very pale, downcast and still. When a glass of milk was given to her, she repulsed it with a cry: "The milk is poisoned," looking all frightened and troubled over the room. Soon afterwards she fell asleep and has never since had any maniacal illusion, and soon recovered her usual state of health.

From the series of nervous symptoms in acute articular rheumatism a certain number has been selected of late, to be called "Rheumatisme cérébral." Such cases are characterized by the appearance of serious nervous symptoms during the acme of the disease, producing a crisis in a few days.

Griesinger has put together another series "the protracted form of rheumatic cerebral affections," represented by mental diseases, appearing towards the end of the articular disease, or during the seeming reconvalescence, and lasting for some time.

Tungel has shown, that there are transition-forms between the two. We accept as such the acute nervous symptoms, appearing towards the end or after the disappearance of the articular affection, in the beginning reconvalescence, and which I would call "the acute nervous symptoms of the reconvalescence, in contrast with the acute nervous symptoms during the acme of the disease, the cerebral rheumatism." They consist in similar manifestations, as have been observed in cerebral rheumatism; loss of sense, sopor, convulsions, anxiousness are present either singly, or combined together.

Such cases are:

1. A prostitute, 24 years old, had been treated for seven weeks for acute articular rheumatism, and after feeling well already for several days, a sudden anxiety came over her; she turned pale with small and weak pulse, and her speech got unintelligible, low and stammering, although her mind was perfectly clear. She mended only gradually, for even after 2 months she was not yet able to articulate distinctly every word. We would remark, that after the attack a systolic murmur was heard in the heart, which did not leave her any more. Thus we see in this case some of the nervous symptoms pass off quickly; whereas one outlasts for months the acute attack.

2. Similar is the second: fever and articular swelling were gone; the woman had already left her bed for several days, when she was suddenly attacked in the evening with unconsciousness; she laid on her back silent and without motion, shut her mouth tightly, when anything was brought to her

lips; had a quick jerking pulse, dilated pupils, injected conjunctiva with great heat of the head. Blood was taken from the temples, but she remained in the same state till the next evening, when the patient began to move her head to and fro, either from one side to another, or from back forwards. Repeated abstraction of blood showed no influence whatever.

On the morning of the 31st of May she spoke for the first time, but totally confused; the pupils were yet enlarged, a staring look,the pulse small and frequent, constipation; (injections with vinegar; Nitrum-a., Magn.-sulph.).

The same state during the 1st of June. The patient hardly ever spoke and seemed mostly unconscious; 12 cups were applied to the neck and five grains Calomel every two hours. During the night she raved in such a degree, that she had to be tied down; next morning she was quiet, did not speak, although she understood the questions propounded to her. The pulse was more quiet and the pupils less dilated. She had several stools. On the 3d copious salivation appeared and and sedimentitious urine; patient was more rational, spoke more, although in a low voice. (Vesicans in nucha.)

4th. More fever, patient cried about the blister, but spoke little The crying disposition lasted for the next few days; but patient began to speak more, showed more consciousness, had some appetite and the pulse was quiet.

Henceforth amendment did not progress, but it rather passed over in a chronic mental disorder, which after four months treatment remained nearly in statu quo.

3. Dorothea H., nineteen years old, entered the hospital on the 2d of May. She is of strong build, well nourished, menstruated regularly. Five days before her admission she complained of pains in the hip- and knee-joint, and a few days after the joints of the elbow, hands and fingers got affected. Patient has severe fever (T. 31,4°; P. 9°; R. 26); sleep and appetite are gone; tongue dark-red, covered with small vesicles; constipation. Nearly all the joints are swollen, reddened and very painful. Patient complains of palpitation. The impulse of the apex of the heart is on its normal place, but unusually strong. Auscultation gives on the left sternal end the first sound blowing, also in the second intercostal place the first

sound blowing, the second of increased strength. The aortic sounds are clear. (Mistura-nitros and Morph.)

May 4th. The pains and the palpitations have increased. No sleep. Severe epistaxis, followed by nausea.

May 6th. Great dyspnœa. The epistaxis returns and diarrhœa sets in. Less pains in the joints.

May 10th. Status the same till to-day, when pains in the joints of the lower extremities increased again, with diminishing diarrhœa.

A few days later, patient complains of pains in the left side of the thorax. On the lower part dullness and diminished respiratory murmurs give evidence of pleuritic exudation, reaching by the 17th up to the middle of the scapula. The heart's murmurs are louder, general state pretty good still.

May 21st. In the afternoon patient got much excited and had three times maniacal attacks of ten minutes' duration, during which she jumped out of the bed, kicked all around, wanted to throw herself out of the window and could only be restrained by great force.

For the few days following patient was better again and could not recollect any thing of her attacks. The temperature began to rise again. On the 24th she suffered from a new paroxysm of anguish, jumped out of her bed, spoke continually of her approaching death and wished to see her mother.

Patient now refuses food. She is alternately restless and then perfectly quiet again, like in a trance; does not recognize her mother. Pupils dilated, the face red. Diarrhœa appeared again with frequent stools.

June 1st. Some amendment. The dullness on the left side of the thorax is greatly diminished, the sounds of the heart clear. Patient lies quiet and easy, but takes little food.

The melancholy remained so for about a week; she takes food at times, refusing it at others; but always quiet and anxious.

On the afternoon of the 8th she had convulsions, continuing steadily during the whole afternoon accompanied by vomiting. During the night she died.

Post mortem. The body emaciated; skin and muscles pale. A large quantity of serum under the arachnoidea. Pia mater and brain full of blood. The lateral ventricles not dilated. The ependyma of natural consistency.

Both lungs adherent on the lower parts. On the apex of the right lung a scarry contracted place with a chalky mass in the tissue of the lungs. Otherwise the lungs contained little blood, but the air passed everywhere through them.

Under the pleura pulmonalis of the lower left lobe numerous ecchymoses and fibrinous deposits. The bronchia of both lungs filled with foamy, icteric looking serum.

The heart in its whole circumference adherent to the pericardium; the heart itself flabby, very little enlarged. On the valves of the aorta and mitralis numerous small excrescences, and another warty one on the free edge of the pulmonalis.

Liver of usual dimensions, pale, anæmic, fatty; the moderately copious bile of orange color.

Spleen of usual size, flabby, pulpy; both kidneys small with smooth surface.

Uterus anteflected, ovaries normal.—Nothing abnormal in stomach or bowels.

4. A woman lost her senses suddenly and could only be restrained by force from killing her youngest child. She was of a passionate temperament, but always a faithful, loving mother. In her 23d year she was confined for the third time, and felt so well, that on the sixth day she was up and around the house. Nursing seemed to agree with the delicate mother, as she increased in flesh. When Dr. Krafft saw the patient, it took the strength of four men to hold her down in bed. She would not listen to good words and every attempt to quiet her, was in vain. Her face was very red, the head hot, the look wild and menacing, carotids and temporal arteries in the strongest pulsation; respiration quick; strong palpitation of the heart, pulse hard, full, quickened; skin hot and dry; the mouth foamy. The mammæ full of milk, the abdomen soft and everywhere painless. During her fighting she uttered single unintelligible words. The cause was a quarrel with her sister, rousing up again her passionate temper, during which she maltreated her sister. After a while she tried to keep down her anger. An hour afterwards she sprung up from her chair ran wildly around the room and called for her baby, which she must kill.

The physicians ordered her to be freed, after putting in the cradle a doll-baby instead of her own baby, and put a larg spoon close by. Now she jumped quickly up, grasped the big spoon with a blood-thirsty look and pummeled the doll-baby to her heart's content; and she only relinquished her vengeance, when assured of the death of the baby. She then quieted down, and was easily brought to bed; her red face turned pale, the pulse soft, less frequent, the respiration quiet; but consciousness would not return. She now got an emetic, which brought away a good deal of slime and bile. After vomiting six times, she fell asleep, slept for 12 hours, and woke up perfectly sane, without any recollection of what had passed.

5. M. S., 22 years old, has always enjoyed good health, and entered the army in 1857. During his military service he showed himself a good soldier. Wine and women he was never ruled by, but he had a most enormous appetite, and could eat at any time enough for two.

Nov. 27th.—He got a paroxysm of insanity, without any known cause whatever.

He followed in the morning between 8–9, his usual theoretical military studies, when at once he could not answer the questions proposed to him, his eyes got fixed; he sunk down unconscious, but without convulsions. After ten minutes speech returned. He began to command and went through the manual. Brought to the sickroom he quieted down, fell asleep, and awoke after a few hours perfectly sane, but without any recollection of his paroxysm.

Nov. 28th, 4 P. M.—Another paroxysm with red face; he commanded again and tried to throw himself on one of his comrades. Then he tried to imitate the singing of the priests during mass. The temperature of the head was increased, the face red, the look changing, the eye fiery, the pupil somewhat contracted. He objected to cold fomentations, as he did not wish "to stand in the rain." After sleeping quietly during the night, he had another attack at 6 in the morning, but so fierce, that they were obliged to put the straight jacket on him. Brought into the military hospital, he slept quietly, and awoke again without any recollection of it. He was dismissed on the 9th of December; as neither bodily nor mental ailment could be detected during his sojourn.

On the 12th of December he stood sentinel at noon from 12 to 2. Returning to the guard-house after relief, he looked queer and began to preach. By and by he quieted down, but about six o'clock he jumped up with the exclamation: "Now somebody has to be killed." Quieted down again he complained of headache, his ravings increased and he was again brought to the hospital. He staid there until the 23d of February and appeared well and hearty.

To prevent new attacks, an indefinite furlough was granted to him, but he loved the service too much and begged to be allowed to remain. During these negotiations another attack threatened him.

In the beginning of February the formerly so sober and modest soldier showed inclination to get intoxicated, was restless at night, discoursed about the service, used obscene language, conversed with himself, so that he was again returned to the hospital. The surgeons proposed to send him to a lunatic asylum, but to this he protested, as this would mar his civil existence, and threatened to commit suicide, if they would insist on it.

The pulse is quiet, pupils moderately dilated, reacting well to the light, the temperature of the skin not increased. In spite of continued close observation the physicians could detect neither physical nor mental ailments, only he had no recollection whatever of the attacks. On the 10th of April the surgeon on duty saw him in the evening, when he appeared as usual. A few hours afterwards he got raving crazy, called for a knife, for he must kill somebody; he looked frightened around, as if afraid of somebody. Head and face very red and hot, pulse frequent, eyes staring. After an hour's raving he quieted down, slept heavily for an hour and perspired profusely. When waking up, he was perfectly rational, did not know anything about his raving, ate a hearty supper, but complained of being tired.

On the 10th of May he was attacked by a keratitis suppurativa, which left him with spots on the cornea, when he was discharged from the hospital and from the service in September. He went home, and now in 1865 he is married, a father of three children and enjoys the very best of health.

CASES OF POISONING.

1. Acidum-nitricum.—A girl, seventeen years old, took, in order to kill herself, about a teaspoonful of concentrated Nitric-acid. At the same moment she felt severe pains in the mouth, fauces and stomach. Vomiting set in, and bloody-colored masses were thrown up on the first and second day. Frequent, painful (accompanied by tenesmus) bloody (dysenteric) stools during the second. Urinary secretion suppressed. On the third day the patient entered the hospital. She showed a well-nourished body; slightly red cheeks; around the mouth some yellow crusts, (from the contact of the acid); the tongue coated with two yellow streaks and some red excoriations; the fauces red, with yellow crusts and irregular excoriations. The region of the os hyoideum and jugulum painful. Severe singultus, sometimes with vomiting, discharging with difficulty a serous brownish fluid, intermixed with yellow and bloody flakes. No appetite, but immoderate thirst; swallowing difficult; abdomen soft, not bloated, but very sensitive in the epigastrium, in the regio ileo-cœcalis and s. romanum; liver and spleen of normal size; organs of respiration and circulation apparently normal. R. 16, P. 96, T. 30° R.

For the following two days some bloody scabs were discharged by the mouth, swallowing got more difficult, and the abdomen began to bloat. She had during thirty-six hours fifteen very painful stools, with blood and pseudo membranosa. No urine, bladder empty. Pulse between 84 and 100, respiration 20 to 40, T. 29.2 to 28.6. Patient gets more and more pale, is apathic and quiet, but clear in her mind, and complains sometimes of headache.

Towards the evening of the sixth day renewed vomiting of 10 to 12 ounces, and after four hours again 8 ounces of black, bloody fluid. Stomach distended; restlessness and delirium. T. 29.2. On the morning of the seventh day, T. 27.8, Pulse 92; considerable paleness; relaxation of all the muscles; fœtid evacuations per anum; no urine yet.

On the eighth day the pulse could hardly be felt; respiratory movements interrupted; cadaverous look; deep apathy, broken only by some mumbling; renewed bloody vomit, and then death without agony.

On the sectio cadaveris the skin appeared resplendently pale, waxy; yellowish in the face, hardly any death-spots; subcutaneous cellular tissue full of fat; muscles very rigid and dry; brain pale; lungs anteriorly bloodless, but too full posteriorly. Heart healthy; coagula in the auricles; in the pulmonary veins thin fluid, brown blood. Tongue and fauces full of ulcers and scabs; epiglottis thickened, red, and with submucous infiltration in front, but covered with black crusts on the back; the mucous membrane of the pharynx and œsophagus gray, with many scabs and ulcers. The mucous membrane of the stomach grayish black. In the cœcum and the large curvature black scabs and ulcers, with gray shaggy surface. The stomach contained a large quantity of dirty dark red fluid. The duodenum, jejunum and ileum were full of the same fluid, but with perfectly normal mucous membrane. *The whole tract of the large intestines, from the cœcum to the anus, gives most perfectly the picture of the pathological alterations found in dysentery: strong vascular injection, infiltration, and reddish gray and muddy green coloring of the mucous membrane; extensive pseudo membranes;* numberless ulcers on many places of the submucous cellular tissue of the mucous membrane undermining suppurations; on many places of the serous pseudo membranous layers. The liver pale, full of cherry red, thin blood. *Both kidneys considerably enlarged, the capsule can hardly be taken off; surface yellowish white, covered with pale ecchymoses and showing vascular ramifications in the forms of stars; the cortical substance yellowish white, anœmic and enlarged to double its size; very yellow places along with white injected and ecchymosed ones;* in the expressed fluid not a particle of fat. Pyramids enlarged, filamentous and red on their base. The epithelium of the urinary canals dull and finely granulated; no fibrinous coagula in them; urinary bladder empty. (*Dr. Wunderlich.*)

2. Ammonia.—An apprentice boy broke a bottle of Ammonia, just when closing the shop for the night. He laid down to sleep on his cot, but awoke soon with a suffocative feeling. Not knowing the cause of it, he tried to ward it off by gargling with cold water, but got faint and would have fallen down, if the nurse, sleeping in an adjoining room, had not heard

his pitiful cries. A physician was called in. The whole expression of his face showed the greatest anguish. His distorted features had red spots. The mucous membrane of the nose and lips was destroyed. From mouth and nose flowed a large quantity of bloody fluid. The very tongue appeared deprived of its epithelium, only on solitary places some white membrane could still be seen, and nearly the whole fauces showed the same state. Burning pain in the throat, weak and indistinct voice. Pain in the whole chest with suffocative anguish. Continuous mucous rattling in the chest. Thirst very strong without the power to swallow. When he tries to drink severe cough with expectoration of slimy masses. Skin hot, not dry. Pulse weak, irregular. Eyes red, shining. The forehead, where the blood-vessels are full of blood, feels hot to the touch. After a venesection the patient got more quiet and the bloody expectoration ceased. He swallowed with difficulty some vinegar and water, but it seemed to relieve him. After two hours of great anxiety patient complained mostly of his throat, as the swallowing was still nearly impossible. For several days he suffered from a *bronchitis with profuse expectoration;* but it took nearly a week, till the voice returned to him, and he regained his health only by slow degrees. (*Souchard, Journal de chim. med.*)

3. Poisoning by CARBONIC-OXYD GAS.—If gas, containing 97–90% carbonic-oxyd gas is introduced quickly in the atmosphere of animals (3–4% according to volumen) the following symptoms are observed: After a few respirations dogs and cats get restless, and try to escape, howl pitifully, lie down or fall down; after 2 or 3 minutes they breathe slowly and deep, get spasms in the extremities, trismus; contortions of the corners of the mouth, tetanus, (during the spasms involuntary micturition and stool: and if the experiment is made after a meal also vomiting), dilatation of the pupils, staring of the eyes; the respirations get very deep and less frequent, and at last death after 3–5 minutes. Ptyalism always accompanied the other symptoms in dogs and cats. During the rare and deep breathing before death the animals were paralyzed, without responding to any irritation. Cuts in the skin or red-hot needles did not cause the least reflex. The cornea kept

the longest a little reflex action, but even that vanished very soon. The beats of the heart were at long intervals, but tolerably strong. The animals ceased to breathe, the heart ceased to beat, *yet artificially sustained breathing recalled the animals to life again. The heart began anew to beat*, sometimes the animals tried to breathe for themselves, and in $^1/_2$ to 3 minutes the respiration was perfectly restored, and the beats of the heart more frequent. The reflex-power returned, at first in the eye and face, then in the back, abdomen and extremities. All this happened in less than 5 minutes. The pupil contracted more than normally, the eye kept its normal position. Yet the animals remained tired and lazy and recovered only by degrees the perfect power of motion. Repeated experiments were always accompanied by the same symptoms, but even severe cases of poisoning were restored again to life by artificial respiration.

The cadavers of animals killed by carbonic-oxyd-gas and quickly dissected showed always the same appearances. The venous system full of blood; the right heart dilated, full of coagula or of blood still fluid; the left one always empty and contracted. The pulmonal artery strongly dilated. In the lungs always local hæmorrhagic accumulations. In young animals œdema pulmonum (bloody foam flowing before death from nose and mouth,) the cerebral membranes and also those of the spine full of blood, the brain also full of fluid, with water in the ventricles and in the bony recesses on the base of the brain. All organs, containing much blood, showed a violet glimmer, *especially the liver was most intensively colored.* The dissection of perfectly paralyzed frogs always showed the lungs extended and the heart of large volume and filled with blood (especially the arteries.) The subcutaneous abdominal veins were always enlarged.

In man we find the very same symptoms. A young man was exposed to the vapors of the carbonic-oxyd gas. He was taken with severe vomiting, lost entirely all sensation, motion and consciousness, respiration and the beat of the heart got slower, general paleness, staring of the eyes with dilated pupils, giving the eyes an unusually wild expression. He was brought out in the fresh air (in midwinter) and rubbed thoroughly with snow, and then brought back in a warm room. The soporous state lasted the whole night. Towards morning he began to sleep and awoke with the remnants of a severe headache. There were no spasms during the whole attack, as none were ever observed, when animals were slowly poisoned by carbonic-oxyd gas.

Let me show you also the influence of this poison on the temperature of the animals and the pressure of the blood in the arteries. 1.) The temperature of the tissues and of the blood of the animals, sickened by the carbonic-oxyd gas is steadily sinking. 2.) This sinking happens very quickly. A half a minute after the first inspirations of the gas the temperature sinks already 0,1°–0,2° C., soon to 1,5 and by repeated inspirations even to 2°–3° C. 3.) At first the temperature of the blood sinks, and then that of the other parts of the body. 4.) As soon as the inspiration of the poison ceases, the temperature rises again, and will reach its normal point in a half to one hour; or it may last somewhat longer, if the animal was repeatedly exposed to the gas. 5.) The artificial pressure sinks considerably as soon as the debility begins, and reflex action ceases with simultaneous slowness of the respiration and the beating of the heart. 6) With the restitution of the reflex power respiration, heart-action and the pressure of the blood return to their normal point. 7.) The division of the vagi has no influence whatever during the action of this poison, for 8.) the poisoning by carbonic-oxyd gas does not paralyze the vagus; as all my experiments made it evident, that the action of the carbonic-oxyd neither alters the sensory nor the motor nerves; only the nerve-centre of the spinal system get paralyzed. The spinal marrow, as conductor, remains intact. The same may be said of the sympathic centre, (dilatation of the pupils, rythmic contraction of the heart, motion of the intestines, the symptoms of irritation of the splanchnicus and other divisions of the sympathicus.

The sinking of the temperature of the blood under the influence of carbonic-oxyd is the expression of a *suppression of the chemical processes in the blood, in consequence of which the blood corpuscles have lost their power to absorb oxygen.* (*Dr. Pokrowsky in Virchow's Arch.* 30. 525.)—[*To be continued.*]

ARTICLE XXIX.—*Mal-Practice in Supposed Spinal and Uterine Diseases.* By CHARLES F. TAYLOR, M.D., of New-York.

IN the light of facts heretofore recited, is it not a pertinent question to ask if what are sometimes called uterine *diseases*, are not often CARNOMANIA,[*] assuming the form of hyperæsthesia, instead of being the local inflammation for which they are generally treated? They occur in the same temperaments as are most liable to suffer from defective and disturbed consciousness. What is there about the uterus which can exempt it from the same class of symptoms as are known to affect other organs—the back, the stomach and bowels, the muscular force, and the sensations—in fact, which are common, under certain circumstances, to all of our tissues and to every function? One would naturally suppose that the uterus, endowed as it is with a special and periodical function, would be peculiarly liable to the phenomenon of impressing the brain differently at different times. And I have no doubt but this is the fact. Nor have I also the least doubt that there is altogether too much local treatment of the uterus. There is no more reason why a lady should have caustic applied to the uterus merely because she has a pain there, than there is for the old custom—now, happily, growing less—of applying croton oil, cups, and blisters, to the back because there is a back-ache. A pain is no more indicative of inflammation of that organ than a back-ache is an indication of inflammation of the spine. Why, what would become of that organ, if there actually *were* an inflammation in it? We all know what the result is: recovery in a limited time, or death. "Chronic inflammation," says one. The same termination, only involving a longer time. "Congestion," says another. Still more difficult to explain, as continuing year after year. "But the result of local treatment settles the question," says a third. And so it does. How many of these uterine cases, let me ask, after being successively *cured* by half a dozen practitioners, finally get well by being let alone? The number is very great. I am not going to discuss the pathology and treatment of uterine diseases, real and simulated, though their differential diagnosis is a tempting subject. But the following case illustrates so many points in connection with our subject that I will relate it.

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[*] *Caro, Carnis, and Mania;* insanity of the Flesh.

In the winter 1863 I was called to visit a lady in the central part of this state, who was, as was supposed, lying very near death's door; as in fact I found her to be. She was a married lady, about thirty-eight years old, highly cultivated and intelligent, without children. She had been in ill health for some ten or twelve years, during nearly all of which time there was going on some kind of treatment of the uterus. Her symptoms, as she related them, had been those of what is denominated chronic congestion of that organ. She had comparatively little actual suffering, but describing a sensation of heat, or inflammation as she called it, and it was for this rather than any actual derangement of the ordinary functions of the uterus that she had sought and obtained advice and treatment from several of our celebrated physicians. I found her emaciated to a skeleton, unable to turn herself in bed, or to raise her head off the pillow, or to speak above an almost inaudible whisper. No voices were heard in the house, all conversation was carried on in low whispers, except in the distant dining-room, as sounds and even light gave her exquisite suffering. Of food she took next to nothing. In fact every organ was in a state of morbid sensibility, and she labored under the impression that there was an incurable uterine disease. Some six months before, there had been amputation of the os uteri. This proved a severe shock to her. From this city she went to a water-cure establishment, where by dint of much washing and low diet, the stomach soon became as sensitive as the uterus had previously been. In fact it was then the chief source of alarm, for the uterus being given up as hopelessly diseased, the attention became fixed on the stomach, to the great relief of the uterus and the no small discomfiture of the stomach; for no honest stomach can digest food properly while it is being looked at. I had not been in the house long before I saw the lady, naturally of a highly organized temperament and very conscientious, had been the victim of too much local treatment. My examination was very thorough, but I could not find the least trace of organic disease anywhere about her. The uterus was as healthy as any other organ. *But she was dying of starvation.* She could not have lasted many days longer without a change. According to the history, first the spine, then the uterus, and now the stomach, had received too much attention. I did not think that most of the local treatment had been *in itself* harmful else she would have been in a much worse condition; but there was a constant succession of treatment, of what was undoubtedly intended as, and for the moment actually was, palliative treatment; but it was incessant. The very attention which so constant local treatment required, kept the attention directed to the localities severally involved, which of itself was sufficient to destroy utterly all tone and condition of these organs.

This view of the case I explained to the husband and friends without reserve. "The present exigency," I said, "was one of food. She was starving." "But the food distresses her," was the reply. "She has no disease of the stomach; she must eat or die," I replied; "do not allow her to take the responsibility; that is the trouble now; prepare her food—any good nourishing food will do—and bring it to her and she will eat it, and then presently she can digest it. If she does not die soon she will get well." "But what of the uterus?" they anxiously asked. "LET IT ALONE." "And the spine?" "Hands off; don't touch her anywhere; if you do, that spot becomes an enemy. Nurse her, feed her well, let the light and air by degrees into her room, divert her mind from herself; never discuss the food question or the question of her complaints with her; do this *and nothing more*, and you will save her. Keep on as you are and she cannot last long. On you rests the responsibility." So I left them. They did as directed, and with cordial co-operation of the lady herself. Soon she began to mend, at first slowly, after a while more rapidly, till at the end of the year she was in quite comfortable health.

I do not deny by any means the existence of all the various forms of uterine diseases which are described, nor is there the least doubt as to the propriety of local treatment as a curative or palliative means. But I urgently insist that we should be sure of our diagnosis before adopting local measures, and that local distress or pain is not necessarily an indication of local disease. And further, I believe a great deal of what passes for uterine disease is merely pain or distress in those organs, and nothing more. In such cases, local treatment, whatever may be the apparent benefit for the time, only serves to institute a condition of things which is extremely difficult to remove.

The case is still worse where there is more or less actual uterine functional derangement and displacement, which may require local treatment. I would be the last person to deprive a patient of any necessary treatment, but there are few local diseases where we ought to begin or end their consideration with the local organ; where there are not other, and often more important, facts in the general state, the peculiar temperament of the patient, or even other local derangements which ought to have quite as much influence on our treatment as the organ exhibiting the more distressing symptoms. It is often a very delicate matter to decide,. when a patient like the above-mentioned has undoubted uterine disease, and is distressed by displacement, and who derives temporary relief from replacements and palliative local treatment, what and how much to do.

We cannot refuse to do what seems so plainly indicated; while there is not the least doubt that her general condition of carnomania is aggravated by what we do. My rule is, to do nothing unless the indications are very evident indeed. Still a certain amount of local treatment, if properly managed, may be of great benefit, and need not, if we keep the patient's mind well informed, tend to increase the concentration of the mind on the uterine organs.

The stomach may be the organ originally affected by this functional disease. Some of the worst cases I have ever seen were those of gastric carnomania: cases of ravenous desire for food, and of utter loathing and rejection of food. Or the secreting glands may be affected, or salivary glands, causing a dryness of the mouth or an incessant spitting of saliva.

The kidneys are perhaps the most commonly affected, as is well-known. But the sensations of any of these organs are just as liable to be perverted as their other functions.

Although modern investigation has been mainly directed to the subject of diagnosis, yet the subject is ever new and ever fruitful. To the want of clear, certain knowledge of the pathology of a case may be traced the blundering and ill-success in treatment. And there is nothing in the whole range of pathology which calls for so much careful and patient study as differential diagnosis of vascular and nervous diseases. To distinguish between an organic and functional derangement of organs often requires the keenest power of observation, and a well-balanced judgment, to determine the exact value of different symptoms. Loss of power may not indicate paralysis; loss of sensation may even mean destruction of the power to feel; suspension of action does not necessarily involve inability to act; increase of action does not imply increase of power; heightened sensation does not imply inflammatory or other change of structure; and local abnormal feeling does not necessarily involve local change of function, nor does abnormal change of function imply disease of the organ whose function is arrested or exalted. Well would it be for our patients if we would always interpret their symptoms aright.—(*Quarterly Jour. Psychological Medicine.*

ARTICLE XXX.—*Practical Hints from Dr. Goullon, of Weimar.*

1. *Indication for Tartarus-emeticus.*—The mortality among children in their first year might be greatly reduced if every bronchitis and pneumonia infantum could be cured. In most cases we have neither to do with a pure bronchitis nor with a pure pneumonia, but a physical examination shows us both. The fever is therefore not continual; it is as if some parts of the lungs heal, only to be attacked anew, often without cause and in spite of our remedies as it were. When then such broncho-pneumonias have existed for weeks with continuous teasing cough, disturbing frequently the child's rest for the

whole night,—especially where we hear *uninterrupted loud rattling of mucus*, (large vesicular rattling murmurs,)—small doses of Tartar-emetic will frequently save the life of the child. A trituration of i. lent. part. em. with 2 to 3 grm. sugar of milk suffices, a few grains every three hours for two to three days.

We would recommend also after Tart.-emet. especially *China*, (drop doses of the tincture,) *Scilla*, (low or tincture); whereas *Sulphur* (30) is available where we have to do with children nursed by unhealthy parents, (as suffering from chronic leucorrhœa,) when 8 to 10 powders already frequently produce a favorable change.

2. *Calc.-carb.* is excellent in the diarrhœa of teething children. But sometimes we have to change the dilution or interpolate Phosphorus.

Calc.-carb. 30 was given to a teething child which had stools every fifteen minutes. The diarrhœa consisted of light-yellow slimy stools; the child slept restless; looks seriously ill, but enjoys his food. Aggravation following as the stools increased in frequency, we changed to Calc. 12, (4 drops in one-half cup full of water every two hours,) and Phos. 30, (5 pellets every three hours,) which cured the child in a few days. (We give in those cases *Calc.-phosphor.* 1 from the start, to amend the mal-nutrition, and mostly with success.)

3. Hahnemann is right, that we have in every case to study the individual disposition and temperament, as the following case will again show:

A tall slender young man, of twenty-three years, has been for a long time under allopathic treatment without being benefitted. His disease appeared after drinking in a cool cellar while overheated, and shows itself as chronic gastric catarrh with foul taste. He has since lost the perspiration of the feet, his skin is yellow, suffers from acne in the face and small furuncles all over the skin. As he also complains of constipation, I expected much of Nux.-v., but neither it, nor Lycop., nor Chin.-sulph. (on account of his great debility,) did the least service. The cast down spirit, the timorous reservedness of the patient made me now think of Pulsatilla, which acted like a charm in changing him physically and psychically.

4. *Therapeutic Action of Causticum.*—A strong, robust farmer's boy, twenty years old, well and hearty, got five years ago a small wart on the right cheek. A smart barber cauterized it away by touching it daily for a week with strong Nitric-acid, which manipulation caused the most excruciating burning pains. Where the cauterized wart used to be, a suppurating scab formed itself, of the size of a ten cent piece, surrounded by indurated cellular tissue. After the lapse of a year the patient accidentally fell with his face on a stone, which increased the suppuration. The exanthem took the form of a heart with the apex downwards, the morbid product, preserving still something of its warty origin, remained stationary. Thus he came to me. Its circumference measured then that of a silver dollar, sharply defined from the sound skin, hard; its surface smooth, shining and red, where it was not covered by dirty brownish crusts. The disease could not be considered as an eczema impetiginodes, it was rather a mongrel between a watery formation and a dermatoid tubercle. The whole elevation over the level of the skin amounted to about one centimetre.

Our first prescription was Arsen. 9, producing immediate amendment, but the careless patient hurt himself again, and Arsen. would not help any more. Rhus 6, Graph. 30, Graph. 9, produced very little benefit, when I ordered Causticum 6, (5 drops on sugar of milk, this powder dissolved in a tumbler half full of water, half a teaspoonful morning and evening). At first the upper, dry, easily crumbling crusts fell off, the elevation sunk in, approximating to the level of the sound skin and taking on a more healthy aspect. After its perfect cure only a radiating scar remained of the former traumatic injury.

5. *On the Treatment of Ulcers.*—A man in good circumstances, of florid complexion, unmarried, got in consequence of an impure coition an ulcer on the back of the penis. After eight days it showed a discolored greenish crust. Having no lardy base, the patient would not believe that a specific infection had taken place. In twenty-four hours, under the external use of the first dilution of Nitric-acid in a watery solution, the ulcer showed perfectly its chancrous character. The ulcer

was now treated externally with small doses of Merc.-viv. and Merc.-sol., and latterly with Aqua-phagad. I learned now that the patient had been treated already for pointed condylomata and very obstinate ulcers on his feet, therefore I gave him Thuja; but for weeks the unknown imp psora, or sycosis, or syphilis derided all medical skill. The ulcer did not pain much; sometimes it crusted over and and a cure was thought to take place, but the next day it showed again its phagedenic nature.

Under the influence of the internal use of Tr.-sulph., an amelioration took place after seven weeks more had passed, and the ulcer closed at last, without leaving any hardness behind.

Another ulcer on the tibia, in an individual broken down by rheumatism and strong drink, closed also under the action of Tr.-sulph.

6. *Panaritium.*—A lithographer, nineteen years old, who used the index finger of his right hand greatly at his work, by a contusion got a bloody blister on it. Severe inflammation followed; excessive nervousness, even to convulsions; sleepless nights. An incision seemed necessary; but under the influence of Belladonna it opened itself and discharged freely, only that the opening changed now to a granulating ulcer, with thickly pouting edges standing wide apart. The probe penetrated deeply under the skin, so that it could not be far from the bone. I feared a necrotic or carious complication. Suppuration was good, only too copious. Simple cerate aggravated, as I have often before observed, the suppurating process. Simple lint, either dry or covered with mutton-suet, sufficed. The cure was also promoted by encircling the finger with strips of adhesive plaster, to approximate the edges of the wound, and in two weeks the whole finger was entirely well. The quick disappearance of the granulations and of the swelling of the whole finger was indeed remarkable. The skin of the finger peeled off like an old glove, but the nail remained. Although I gave also Tr.-sulph., I am candid enough to ascribe the cure to the methodical application of the adhesive plaster.

7. *Hepar-sulph.*—A waiter in a large hotel complains of pains in his foot, just as one feels after making a misstep. Objective symptoms, as redness, swelling, are none. It is

caused by catching cold when going in the cellar. Liniments had done no good. Rhus the same. The pains wandered up to the thigh, but returned always to the same place. In such cases, void of characteristic symptoms, I have seen benefit sometimes from the external application of Hepar-sulph.-calc., in the form of foot-baths; about 15 grm. or so dissolved in hot water and added to the bath. After the second bath the patient was freed from his pain, which had already produced a depression of his mind. We can only explain it by remembering the action of the pure sulphur on stagnation of the blood, and I understood in this case also, that the patient suffered a few years ago from an inflammatory exanthema of the knee, combined with glandular swellings.

An old lady suffers already for two weeks from severe pains in her lower extremities. She describes the pain as a terrible corroding itching "as from salt water." Both legs are swollen round the ankles, with watery discharge. No ulcer; the color of the legs is either red or bluish. Two foot-baths of Hepar-sulph. cured the case; the swelling subsided at first, and a bran-like desquamation took place.

8. *Sepia-Toothache.*—A lady, in the *climacteric years*, suffers from hot flashes with cold feet. The toothache starts from the carious teeth of the lower jaw, then spreads over the whole left side, with tearing pains. She feels nauseous all the time, with waterbrash. Seeming amelioration in the fresh air, but cold water aggravates; worse at night; no intermissions; difficulty of speaking or chewing (fear of trismus); no swelling nor abscess. Cham., Bell. and Merc. did nothing. Sepia 30, 5 pellets every three hours cured the whole case quickly.

Dr. Bolles gives the following indications for Sepia-toothache:

1. Long continuing severe pains.
2. Carious molars.
3. Left-sided pain of a tearing, drawing nature.
4. Waterbrash during the pain.
5. Aggravation during the night, especially before midnight, in bed.
6. Aggravation by cold and eating.
7. A certain nervousness (migraine, habitual neuralgia).
8. Climaxis, leucorrhœa, &c.

ARTICLE XXXI.—*Medico-Legal Diagnosis of Insanity. Duties of Physicians before Commissions of Lunacy.* By F. W. HUNT, M.D., of New-York.

(Continued from page 68 of the August No., 1868.)

MORAL OR IMPULSIVE INSANITY.—It is thought that insanity may consist in an unnatural exaltation and predominance of the affective powers in general, and that the will in such a state may be entirely overpowered by the passions. Dr. Carpenter describes a "morbidly exaggerated idea taking full 'possession' of the mind."

The "possession" here alluded to seems to mock the will, making the affections master of volition. In the infant we occasionally mark the evidence of such "possession." This is attributed to disease. "The insane impulse," says Carpenter, "appears to be not unfrequently the expression of a dominant *idea*, with which there is no such association of pleasurable feeling as makes the action prompted by it an object of desire, but which operates by taking full possession of the mind, and by forcing the body into the movements which express it. . . . . This state bears a close resemblance to that of the 'biologized' subject, who is peremptorily told, 'you *must* do this,' and does it accordingly." (*Carpenter*, p. 361.)

Of the persons most liable to go into this state, he describes "infants," "nervous women," and particularly persons "who habitually exercise but little volitional control over the direction of their thoughts."

Cases.—Almira Brixey was "a quiet inoffensive girl, a maid-servant in a respectable family. She had labored under disordered menstruation, and a short time before the occurrence had shown some temper about trivial domestic matters. This was all the evidence there was of her alleged insanity—the rest was furnished by the *act* of murder, a species of evidence which is not," says Taylor, (*Med. Jurisp.*, p. 585,) "generally considered to be admissible. She procured a knife from the kitchen on some trivial pretence, and while the nurse was out of the room, cut the throat of her master's infant child. She then went down-stairs and told her master what she had done.

She was perfectly *conscious* of the crime she had committed, and showed much anxiety to know whether she should be hanged or transported. There was not the slightest evidence that she was laboring under delusion, or any intellectual aberration whatever. The prisoner was acquitted on the ground of 'insanity, probably caused by obstructed menstruation.'"

Case of Henriette Cornier, a Female Servant.—At the age of twenty-seven she was very gay; fond of children. But a great change—not well accounted for in the evidence—quite probably connected with disordered menstruation--made itself apparent in this poor unfortunate. Her liveliness was exchanged for silence, melancholy, and reverie. Her friends could not learn from her the causes of this change. She attempted suicide, but was prevented. Some months afterwards she killed a beautiful child, of which she had been passionately fond, and which she treated with her usual fondness just before she took its life. The child had not offended her. She took it out to walk,—going for it to its mother's house in the neighborhood of her own place of service.—Having thus obtained possession of the child, Henriette hastened to her mistress' house, and laying the child across her own bed, severed its head from its body with a large kitchen-knife. The mother coming to inquire for her child—"your child is dead," said Henriette. The mother at first thought she had only spoken in jest; but she soon became alarmed, and pushed forward into the chamber, and there she saw the mutilated body of her child. At that moment Henriette came in, and snatching up the head of the child, she threw it from the open window into the street. The mother, shocked and horrified at the sight, raised the alarm, and the father with some officers of justice entered the room. They found Henriette sitting on a chair near the body of the child, gazing at it, with the bloody knife by her, her hands and clothes being covered with blood. She made no attempt at escape, nor to deny the crime; she confessed all the circumstances, even her premeditated design and the perfidy of her caresses, which had persuaded the unhappy mother to entrust her with the child. It was found impossible to excite in her the slightest emotion of remorse or grief; to all that was said she replied with indifference, "I intended to kill the child."

When closely and earnestly interrogated as to her motives for committing this dreadful act, she replied, that she had no particular reason for it; that the idea had taken possession of her mind, and that she was destined to do it. When asked why she threw the head into the street, she answered, that it was for the purpose of attracting public attention, so that people might come up to her chamber and see that she alone was guilty. It appeared that she had remained alone with the dead body of the child two hours before its mother came.

On examination before the magistrate, she stated that she had been unhappily married seven years before; that she had attempted to drown herself, "because she was ennuied at changing her place of service so often;" "that she knew her crime deserved death, and desired it."

Henriette Cornier was tried for her act of killing the child.

The Medical Commission on this consisted of M M. Adelon, Esquirol, and Léveille. They reported that "during the whole time Henriette Cornier was under examination, (from the 25th of February to the 3d of June,) they had observed in regard to her moral state great mental dejection, extreme dullness of mind, and profound chagrin; secondly, that the present situation of Cornier sufficiently explains her moral state, and thus does not of itself indicate mental alienation, either general or partial." The commission, however, added: "That it was due to the cause of justice and their own conscience to declare, that their judgment of her moral condition could not be considered final, if it were proved, as stated in the act of accusation, that long before the 4th of November the character and habits had changed; that she had become sad, gloomy, silent, and restless; for then that which might be attributed to her present situation, could be only the continuation of a melancholy that had existed for a year."

Further it was proved, "that after the horrible deed had been accomplished, Henriette had declared, that while killing the child of which she was so fond, she felt no particular emotion—neither pleasure nor pain." Shortly after she said, "that the sight of the horrible spectacle before her eyes brought her to herself, and she expressed some emotions of fear, but they were of short duration."

The jury had before them all the facts presented in the preceding statement. The prisoner was found not guilty of premeditated murder, but she was not acquitted of all crime. The jury having found that she had acted voluntarily, but not with premeditation, she was sentenced to hard labor for life.

It was believed that Henriette was certainly insane on the following grounds: "The nature of her extraordinary replies to the questions asked her; the want of motives for the atrocious deed; the absence or every kind of emotion, and the state of stupor in which she remained, fixed the attention of the medical men who were called in, and impressed them with the belief that she was mad." (*Ray's Medical Jurisprudence of Insanity*, § 205.)

Judge Warden, of Ohio, asks: "But was she mad? And if so, what was the description of her insanity? Was it that which Carpenter distinguishes as impulsive?" (p. 522.)

(TO BE CONTINUED.)

ARTICLE XXXII.—*Chemical Process of Petrifying Human Flesh.*

THE late DR. VALENTINE MOTT when travelling in Europe a quarter of a century ago, wrote the following of his visits at Florence:

"The most novel and piquant treat of all others to me, in the beautiful capital of Florence, was my several visits to Signor Sigate, a scientific gentleman possessed of a wonderful art, unique and unknown to all the world beside.

"Incredible, if not marvellous, as it may seem he had discovered a chemical process, by which he could actually *petrify* in a very short time every animal substance, preserving permanently and with minute accuracy its form and internal texture, and in such a state of *stony hardness* that it could be *sawed* into slabs and elegantly polished.

"He had in this way formed a museum of various animals, such as frogs, fishes, toads, snakes and a great variety of parts of the human body, in a natural and diseased state. In my presence he threw the human liver, lungs, heart and other parts, thus petrified about the floor with perfect impunity and without the least injury being done to them.

"Still more curious, he had, with Italian taste. cut them into small polished squares and arranged them into complete tables of Mosaic work, so that it gave him as much delight as it did me astonishment to find that I could with my finger designate to him on his precious centre-table for a surgeon's drawing-room the appropriate name and character of each individual object thus spread out before me in a pathological chart of real specimens.

"Thus a pulmonary tubercle or ulcer here, a hydatid of the liver there, a cicatrix in the brain in another compartment, and a calculus in the kidney or ossification of the heart's auricles and valves in a fourth.

"It struck me that for all anatomical and surgical purposes, and all objects of natural history, this was an art of inappreciable value, and the most desirable ever discovered; and with that view I conversed with him relative to a visit to our country, believing that it would be of national importance, if we could have the benefit of his services. I even entered into some preliminaries of a negociation with the design of obtaining him for my own purposes, but I found him sadly involved in debt, and that his demands were too exorbitant to be complied with.

"I, however, made him liberal offers, and did not entirely despair that he would have acceded to them, when to my regret, about three weeks after we left Florence, I was informed by letter that he was suddenly attacked with a violent inflammation of the lungs which proved fatal, and what is as much to be deplored, that his unprecedented discovery died with him. He never would divulge the least part of his marvellous process, but when pressed by me on the subject, hinted that he had acquired it in some of his various journeys in remote Eastern countries; and it is to be fondly hoped that some one may ere long appear who in pursuing this inquiry, will be enabled to recover the art among those people, from whom he intimated he had obtained it.

"It is worthy of observation how, in this extraordinary process, art accomplishes in so short a time what nature requires so long a period to effect, and then never with anything comparable to the perfection, we may say almost identity, with which the mode preserves an exact *fac simile* of the original —in fact the *original itself.* In this surprising and almost magic art not only is the precise exterior outline faithfully and exactly represented, but also the most minute and delicate interior arrangement of structure admirably perpetuated; as, for example, the entire viscera of the chest and abdomen, with all their varied and beautiful convolutions, were clearly exhibited, retaining even the colors of the blood-vessels in preparations of frogs, birds, and other animals, besides the human body."

ARTICLE XXXIII.—*On Alcoholic Liquors Predisposing to the Generation of Syphilis and Gonorrhœa.* By JOHN HORNBY, M.D., of Poughkeepsie, N.-Y.

THERE is one fact, connected with Syphilis and Gonorrhœa, which has escaped the observation of all previous investigators of these diseases, namely the influence of Alcoholic liquors, as drank by the peoples of various nations, in different beverages, being their predisposing cause. This fact which has long occupied my attention, I propose to elucidate as briefly as possible.

In tracing the history of our race, from Adam to Noah, there is no evidence to be found of syphilis and gonorrhœa having existed among them educible, by definite descriptive or figurative allusion, nor from the regeneration of our species after the deluge, till the period, when the Israelites had established themselves as a nation, do we find any traces of them.

There is no evidence of these diseases existing among the Jews, during their sojourn in Egypt, from the time of Abraham, the founder of their race, to their exodus under Moses, or during their wandering in the wilderness, and it was not until they had adopted the habitual use of wine, as a beverage, which they did only, after possession and long-continued occupation of their promised land, where the grape abounded, that we find any proofs of their contamination with them; from which time, as the number of victims multiplied, these became the objects of hierarchal denunciation and civil proscription, and were expelled from cities and habitations, and compelled to exist separately; while the special appellations of "leper" and "unclean," which were applied to them, indicate the forms in which these diseases existed among them; corresponding to our present knowledge of them, as lepra, psoriasis and tubercle, which modern experience teaches, as being the so-called "secondary" forms of syphilis and gonorrhœa, as propagated by tainted individuals.

As we pass from the Jews to Greeks, we find similar facts: for syphilis and gonorrhœa were known among them, only subsequently to the introduction of the orgies of Bacchus, their deity of drunkenness and debauchery.

From the Greeks we turn to the Romans, and among them we find the same facts, namely syphilis and gonorrhœa following the habitual use of alcoholic liquors; and also the collateral fact of all these nations, subjugated by the Romans, becoming infected with these diseases, who, in imitation of their conquerors, had adopted the use of alcoholic beverages. And from these periods to the present, we meet these diseases and their predisposing causes, progressing side by side, among the present populations of Europe and their American descendants.

Among those nations who do not use alcoholic liquors, and by some of whom they are religiously prohibited, we find no trace of the existence of the objects of our search; they show no signs of ever having been contaminated by them: for among Mohammedan and Pagan people from the Arctic to the Equator, we miss their presence; and we find the same evidence as we travel over the islands of the Pacific ocean, including the continent of Australia,—excepting only the inhabitants of those portions of their territories that have been visited by Europeans as traders, and by whom their populations have been initiated into the use of alcoholic liquors, followed by their inevitable consequences, syphilis and gonorrhœa, and their sequelæ.

Inquiring briefly into the modus operandi of alcoholic liquors in predisposing to syphilis and gonorrhœa, we find data plentiful and well authenticated of their physiological action on the assimilation and reproductive functions of man:

they cause hyperæmia by their moderate use, superinducing excessive assimilation of nutriment and consequent excited activity of the sexual functions of both sexes, followed by debility of their nervous and vascular systems, causing congestions in them; of blood altered from its healthy standard, and resulting in vitiated secretions, which terminate in syphilis or gonorrhœa in proportion to the malignity or mildness of their qualities at the time of their absorption, and modified in their degrees of development by the controlling influences of climate, diet, and hygiene.

And we find evidences, also, of the pathological conditions they produce in the brain, digestive canal, liver and kidneys, by their long-continued use in moderate quantities, or immoderate use in large ones, inducing exhaustion of their previously overtaxed functions, and ending in organic diseases of these viscera; manifested in scrofula and tuberculosis in both the adult and infant. And finally each year's experience proves, that these diseases are increasing in alarming proportions among those populations with whom they have become located, and that they are perpetuated by their predisposing cause, the habitual use of alcoholic liquors, threatening, as they multiply, to become ultimately the means of exterminating the infected populations of Europe and America.

From the facts stated I propound the following propositions, the investigation of which I invoke:

First: That alcoholic liquors, *per se*, are predisposing causes of the generation in the human species of syphilis and gonorrhœa.

Second. That the mode of their predisposing these diseases lies in the altered qualities of the secretions of the sexual organs, generated by their habitual use in moderate quantities.

Third. That they produce alterations in the viscera when used in immoderate quantities, by their degenerating influence over the blood, manifested by:

a. Exaltation of the nervous and vascular systems.

b. Relaxation, depression, congestion, and phlogosis of the viscera.

c. Diseases of a chronic nature in the brain, digestive canal, liver and kidneys. Diseases of a mild character, such as balanorrhœa, leucorrhæa and gonorrhœa.

d. Diseases of a specific and virulent nature, as syphilis in all its varieties and its various so-called secondary or constitutional effects, as psoriasis, lepra and tubercle.

Fourth. That syphilitic and gonorrhœal diseases are controlled in their developments by climate, diet and hygiene.

Fifth. That the constitutional effects of syphilis and gonorrhœa of the virulent kind do not terminate with their disappearance in infected individuals, but are propagated to their offspring, and reappear in the second or third generations in the forms of scrofula or tuberculosis.

Sixth. That the rapid multiplication of these diseases and their sequelæ threaten in the end to exterminate the populations of Europe and America, among whom they have become located, and by whom they are propagated and disseminated by the addiction of these people to alcoholic liquors, producing thereby alcoholismus to an extent, perplexing to the physician and alarming to the philanthropist.

ARTICLE XXXIV.—*Admissions and Confessions of a Great Allopathic Leader.* An Address delivered at the Opening Meeting of the Clinical Society of London. By SIR THOMAS WATSON, Bart., M.D.

THE PRESENT STATE OF THERAPEUTICS.

THE Society which we are founding to-night seems to me well calculated, gradually, to bring about that which, in my judgment, is the most needful at present amongst us. I mean more exactness of knowledge, and therefore more direct and intelligent purpose, and more successful aim, in what is really the end and object of all our labors—the application of remedies for the cure or relief of disease. Certainly the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics. The anatomy of the human body is sufficiently well-known; its material pathology, also; and we have attained to a great degree of certainty in the detection and discrimination of disease in the living body. We know tolerably well *what* it is that we have to deal with, but we do not know so well, nor anything like so well, *how* to deal with it. This is more true, no doubt, in the province of the physician than in that of the surgeon, but it is lamentably true in both provinces. We want to learn distinctly what is the action of drugs, and of other outward influences, upon the bodily organs and functions,—for every-one now-a-days, I suppose, acknowledges that it is only by controlling or directing the natural forces of the body that we can reasonably hope to govern or guide its diseased actions. To me it has been a life-long wonder how vaguely, how ignorantly, how rashly drugs are often prescribed. We try this, and, not succeeding, we try that, and, baffled again, we try something else; and it is fortunate if we do no harm in these our tryings. Now this random and hap-hazard practice, whenever and by whomsoever adopted, is both dangerous in itself and discreditable to medicine as a science. Our profession is continually fluctuating on a sea of doubts about questions of the gravest importance. Of this the evidence is plentiful and constant. Let me substantiate what I am now saying by one or two glaring instances. Many of us can recollect the period when bloodletting was reckoned the *summum remedium* against at least all forms of inflammatory disorder—which were to be starved out also by the strict enforcement of what was called the antiphlogistic regimen. Now, there are, I believe, many who yet hold, that to deprive a patient of an ounce of his blood is to sap his strength and to aggravate his danger, and that for all ailments brandy is the grand and easy panacea. One generation extols mercury as the sole and unfailing remedy for syphilis; the next attributes all the worst evils that follow in the train of that hateful disorder to the very mineral which had been administered for its cure. Even now at this present time, a hot contention of most weighty import fills the air around us, upon the question whether, when cholera is present in the community, we should treat the diarrhœa, presumed to be the prelude or the commencement of cholera, by opium and astringents to check the discharges from the bowels, or by castor-oil to promote them.

I say this uncertainty, this unseemly variation and instability of opinions, is a standing reproach to the calling we profess.

It has shaken the faith of many men, of men both able and thoughtful, and driven them to ask themselves whether any kind of medication, other than the *vis medicatrix naturæ, is of any real efficacy or value.* Well, this is one of the questions which will be competent for the Clinical Society to settle.

In order to clear the ground for correct observation, and in order to the avoidance of fallacies in observing, it is most desirable, when it can be done without harm or known hazard to the sick, to learn respecting all distinct and recognized forms of disease, what would be their course, what their tendencies, what their results, if left to themselves and subjected to no kind of remedial treatment whatever; to ascertain, in a word, what has become the fashion to speak of as the *natural history* of disease. For this purpose, again, the Clinical Society may be expected to furnish help. Truly, there are diseases in which it seems to be our main business to stand by and look on; to see that Nature has fair play; that the patient has the requisite advantages of rest, and warmth, and pure air, and appropriate food, and no more; to watch his recovery, not to attempt his cure. Probably all the specific fevers that run a definite course are of this kind. Medicine needs to step in only to redress some untoward deviation from that regular course, or to facilitate and fortify the natural recuperative efforts. But there is a legion of other disorders for which rest, and warmth, and a pure atmosphere, and a well-adjusted diet, are *not* sufficient. There *are* cures as well as recoveries; and there *are* remedies that are equal to the cure. Still, of therapeutics as a trustworthy science, it is certain that we have as yet only the expectation. The influence of drugs upon the bodily conditions of health and disease is, indeed, most real and most precious to us. And some of them, in our contests with disease, we have learned to wield with much confidence and success. But there is a host of known or reputed remedial substances, about which our practical knowledge is very loose, imperfect, or even misleading. Concerning the peculiar virtue and specific agency of each and of all of these, present and to come, we want sound and multiplied experience. There is no other way. The required knowledge must needs be gathered empirically, and by many hands. And while there are many drugs and medicaments yet unproven, there are also many shapes of disease of which the true nature and origin are still disputed or doubtful. Of all these matters will this Clinical Society—if I rightly apprehend its scope and purpose—take cognizance. Full and faithful descriptions brought before it, by competent and accurate observers, of the symptoms, circumstances, and progress of disease in the living body, and of its behavior under treatment by medicines prescribed with *singleness and simplicity*, and a definite aim and object, or sometimes, it may be, of its behavior under no treatment at all—*authentic reports of trials with medicinal substances upon the healthy human body*,—contributions of this order, multiplied in number, compared together, contrasted, sifted, and discussed by a variety of keen and instructed minds, of minds sceptical in the best and true sense of that word,—must lead at length, tardily perhaps, but surely, to a better ascertainment of the rules—peradventure, to the discovery even of the laws—by which our practice should be guided: and so bring up the therapeutic and crowning department of medicine to a nearer level with those other parts which are strictly ministerial and subservient to this.

ARTICLE XXXV.—*Cases from Practice.* By CHARLES VON D. LÜHE, M.D., of Huntington, Long Island.

CASE I.—L. S. Shadboth, aged 15, was first taken into treatment, December 24th, 1864. The right leg was shorter and appeared thinner than the left; constant pain extending up the leg, especially in the region of the hip, preventing the patient's free locomotion without help, and necessitating almost constant retention of his bed. Allopathic treatment had consisted in cupping, leeching, setons, &c. Gave one dose *Sulphur* 30. Already at the end of three months the pains had almost entirely disappeared and the patient could with the aid of a pair of crutches, move about. Considerable debility being present, I gave a dose of *China* 30, which relieved this also.

October 18th, 1865, I was suddenly called.

Immediately beneath the hip-joint, a painful, soft swelling of a reddish appearance had made its appearance. *Hep.*, *Sulph.*, and *Merc.*, 30, taken in alternation every four hours brought this to a head, at the tenth day. I now gave *Silicea* 30, for four days, mornings and evenings. At first the abscess discharged a quantity of blood and pus, and from time to time thereafter nine pieces of bone, one of which measured over four inches. By the early part of the following March, 1866, this abscess had also closed and the young man has since been entirely well and healthier than ever before. It will be understood as a matter of course that *Saccharum Lactis* was used in the intervals between the remedies. The diet was strictly homœopathic.

CASE II.—Miss A. S., aged 18. During the past three years has been a sufferer from epilepsy, which according to all evidence is an effect of the excessive heat of the summer; has been treated allopathically without result. On the 22d of November, 1866, I gave one dose of *Belladonna* 30, after which she had but two more subsequent attacks. In March, 1867, I gave a dose of *Sulphur* 30, and in January, 1868, a dose of *Nux.* 30, the latter for some sub-symptoms. *Saccharum Lactis* was used in the intervals.

This young lady has been in the enjoyment of the best health since. * * * * * * *

In the space of the last four years, I have had occasion to treat quite a number of cases of dysentery; many of these cases being already quite far advanced. Of ten cases, in nine I cured by giving *Aconitum* 30, and *Apis-Mellifica* 30, from one-quarter to one hour apart in alternation. As a drink Barley broth, rice-water, &c., &c.

The following cases we translate from Rückert's "Supplement der klinischen Erfahrungen":

CASE I.—A girl, aged 14, was taken with diarrhœa after having gotten wet. Every quarter hour, slimy, occasionally bloody stools, with severe and violent pains in the abdomen and pressure for stool. Constant tearing, griping pain in the abdomen. Pulse 84. The hypogastric region very sensitive to pressure. *Acon.* 2, every two hours. Improvement after six hours; complete recovery in two days.

CASE II.—A meagre, thin young man, aged 23, light skin, poor muscular development, a great tobacco consumer, has had a commencement of intermittent fever, which dejected him very much. The year following suffered from yellowish, green diarrhœa, with some abdominal pain. Pain in pupils of the eyes and in the forehead; languidness and dejection; has an indescribable feeling. Could not bring his mind to bear on any particular object. Bluish hands, which are apt to become cold. *Apis* 3, brought immediate relief. Numerous subsequent relapses every 2—4 months were remedied with *Apis.*

Observations on Apis, from Ruckert.—"In the summer of '59, namely during the heated term, there prevailed here a dissentery, accompanied or characterized by the following symptoms: towards morning, numerous, thin, yellow stools made their appearance; often as many as ten passages were had, not accompanied with any pain, and which were discharged like water. Without any treatment their average course ranged from 10—14 days; under allopathic treatment with Opium it ceased for a day, but reappeared again in the following day. I cured fully 50 such cases, in very brief periods of time, with *Apis* and *Aconite* in alternation, and gave the 3d, 7th and 30th potency in various cases, without perceiving any difference in the effects. In some cases, I had the great pleasure with the 30th of *Apis* alone to effect a perfect cure in the space of 8 hours." (Kirsh.)

"We might here add that it may be better not to use the *Apis* 3 singly, but in alternation with *Aconite;* as without the *Aconite*, the primary aggravation of *Apis* is very apt to make its appearance. Very often, after a few doses have been taken, a general, agreeable perspiration breaks out, and thereafter the patient falls asleep, and awakes cured.

Antimonium-tartaricum (stibium).—In watery discharges in children; loss of appetite, white coated tongue, eructations and nausea. (Hartmann.)

Case I.—A sickly child, which has already taken a large quantity of allopathic medicine, has been suffering since the cholera epidemic from diarrhœa. Sleepiness, meagre appearance, pale and somewhat blueish. Rattling respiration; pulse quick and small; watery and occasional slimy and greenish stools, which became more frequent after nursing. Vinstibiat., daily three times, one drop. After three or four days the diarrhœa ceased, and shortly thereafter perfect recovery. —(Liedbeck.) F. S.

ARTICLE XXXVI.—*Imbecility.* By EDWARD SEGUIN, M.D.

CASE OF LOUIS ——. A boy of fourteen years, very tall and thin for his age, of a lymphatic temperament, without accessory infirmities; his cranium was quite well conformed, excepting the forehead, the prominence of which is apparently isolated from the rest of the skull by a depression in the course of the coronal suture; the deflection is the more distinct since the frontal sinuses are very apparent.

No other defect characterizes the cranium, which has not grown since the age of ten: the alæ nasi, as well as the pale cheeks, are relaxed; the eye dim, half-shut, and the pupil dilated and irregular. His face has somewhat elongated in the last 4 years, but it has preserved the delicate, timid and sympathetic characters of infancy in the midst of the hardy and bony types that were growing up about him in college. In other respects well formed, the habit of his body is relaxation; the organs of speech are perfect; those of generation voluminous and wilted.

Louis would remain in bed or upon a seat until forced to leave, which he would do slowly, grumblingly, and to seat himself again upon the nearest chair. "*Walk? What for? Go where?*" he would say in his happy moments; for usually not one syllable could be gotten out of him. Thus he did nothing and his activity was abolished. In the same way nervous sensibility had disappeared from all surfaces; no irritation short of absolute pain roused him; and the encephalic nerve-masses appeared profoundly affected with atony, at least. No difference was to be found in the extent and precision of the functions of the two sides of the body. The sphincters are lax, but not powerless; the muscles are relaxed; the soft blanched skin is without perfect capillary circulation, and although all movements of his age are possible to him, yet he will perform none of them; it takes him more than an hour to dress, and he eats dirtily. The sensibility of the palm of the hand and of the fingers is alone preserved; the smell is indifferent; the taste changed to disgust; the hearing delicate, although voluntary attention is nearly always suspended; the look is dull, with no abnormal starts or intellectual gleam.

With the hand, and more markedly the organs of generation, are the seat of a sensibility and irritability kept up or excited by the solitary vice. Speech is somewhat slow, yet distinct; besides, Louis never speaks spontaneously, and when he resolves to answer, there occurs an interval between the question and the answer, during which he makes visible efforts to break silence. It is always necessary to force him to eat, and he takes but little. His conversations are voluntary; generally he is constipated, but at times he suffers from diarrhœa lasting several days; he does not slaver, never weeps, rarely blows his nose; his perspiration is never noticeable, and his sebaceous secretion has no special odor.

The attention of Louis is, so to speak, *asleep*, and it requires some perseverance to rouse it. Voluntarily he compares, judges, appreciates nothing, and seems to dread all mental operations. To all questions, when he has decided to answer, he replies: "*Why do you ask me that?*" And when the answer follows too clearly from the question, he adds: "*You know very well that I know it.*" But he almost always avoids answering, and never speaks of himself. Besides, he does not know what colors, shapes, calculation, time, space and money are; but he can still read, and yet will not. He has no abnormal taste for music; he likes to hide and not to destroy, and appears to have foresight. His memory presents this peculiarity, that he can no longer retain new thoughts or ideas; that he has even forgotten those of locality and of most persons, especially such as are connected with his intellectual studies; but if he does not know anything of that which he has learned by induction or by deduction, he retains all that he has learned by heart, word for word. Thus after being teazed by questions which he will not answer, he will at last, to escape them, say with an expression of childish satisfaction: "*Sir, shall I recite to you a fable of Phædras?*

"'Formica et Musca contendebant acriter
Quæ pluris esset. Musca sic cœpit prior:
Conferre nostris tu potes te laudibus?....'"

He will not stop his recitation unless interrupted; but then he is silent; capable of repeating, yet incapable of saying anything of himself alone.

Louis has no instincts; neither cruel nor rebellious, he disobeys because powerless to obey, from asthenia; in him the spontaneity is broken. Thus he has neither moral qualities nor defects, excepting the insensibility resulting from his vice, and the dissimulation necessary to hide it: for he very well knows that it is wrong; but all his spontaneity is sunk in that one act towards which all his thoughts centre: consequently he likes to be alone; logical desire for solitude, which must not be confounded with the instinctive isolation of the idiot or the maniac.

Past History.—The parents of Louis are well organized; he has two married sisters whose children are intelligent; *he himself had a happy childhood*, and no other cause is known of Louis's present condition than that which can not be doubted.

At eight years of age he was a charming boy. At ten he had begun his Latin studies with his father, and had been placed in the sixth class at college. *What happened there?* There is among collected students a kind of secret society or organization, the object of which is known, without the details being appreciated: its victims are buried, but are not counted, nor are they counted who leave school worn out in body and mind, nor they who fall into imbecility, nor they who ere long will be dement.

Louis, the gay and thoughtless child, did not resist the fatal maëlstrom. He worked hard, obtained prizes the first year; but by that time he had become sadder, loving solitude, avoiding the light. It was to work, he said, that he isolated himself during his first vacations,—and, truly, he did work,—but did he only work! The succeeding year he had still another honor; he returned still more gloomy than before; he experienced, he said, lancinating pains, which seemed to pass horizontally across the occipital base of the skull: that did not prevent his working alone, far from noise, in the dim daylight.

At this time the vigilance of his parents being aroused, they saw that they could no longer have doubts as to the cause of the changes in the health and tastes of their child. He was watched, which annoyed him a great deal; "*it prevented his working*," he said. When the academic year began, it was not thought that Louis was more in need of care than of Latin; he was sent back to his place in college, but no longer the first in his class. Severely punished by his teacher, for negligence, unpardonable in a first-class pupil, he was often shut up during recreation hours, and exhausted with pensums; he passed some days in the sick-room without a distinct cause; his skin was dry, his pulse irregular, and he only returned to recitations to exhibit a dull intelligence. At the Easter vacation his family were requested to keep him. He had been out of college eighteen months, when I saw him for the first time, just as I have described him. I did not believe that in the present case, educational means, properly so called, would be efficacious.

He was ordered to take warm baths, with cold affusions on the head; to drink every morning a wine-glass of tonic wine, and to eat a piece of bread; then he was led, or rather dragged, out to take a walk of some hours. When he returned, his arms and legs alone were rubbed, shampooed. When I perceived that this exercise was too little for his acquired strength, I ordered him besides to saw some wood, to carry stones, to plane boards; and when he answered, "*Why is this!... I will not*," he was told, "*Do it; obey*," &c. After a period of resistance, which daily became less, he would yield and obey.

Imperfectly watched hitherto, (it was never strictly enough done to suit me,) I advised certain precautions, a detailed account of which would be tedious, and among which I shall only mention a bed which I caused to be made so that it gave warning of the least motion on the part of the child. He was much annoyed by this new kind of couch. In order to complain of it, he recovered the spontaneous use of speech, which he had lost for nearly two years. He said that the noise made by his head-board prevented his sleeping, &c. No attention was paid to this, but I repeat it, I doubt whether he was as carefully watched during the day as I would have wished. However, his face and limbs became plumper, at times his eye would brighten, and even his mouth laughed occasionally: when alone he often laughed and smiled as if at a thought. Such moments were taken advantage of to make him speak, and at the end of eight months he was beginning to say certain sensible things quite willingly; his appetite returned through the exercise, of which, however, he always complained as excessive; general sensibility returned by means of the bath, the temperature of which was gradually reduced to coolness; and by means of the frictions and shampooing which were gradually extended as far as the bust, but always carefully avoiding the glands of the neck, breast and groins.

At length, the birthday of his mother being near, I prevailed upon him to learn a compliment; by dint of copying them, he retained the first two sentences. But that to which I attached the most importance, was to make him speak, in order to deduce from that which I told him a series of ideas with which he should answer me: One would hardly believe how very difficult these exercises were to regulate properly, how fatiguing to direct and keep up. Concurrently with this, I showed him colors, forms, drawings; he knew all that! "*And why did you not speak of it?*" I asked him one day.

LOUIS:—"Because I did not know it any more."

SEGUIN:—You did know it; for you know it still."

LOUIS:—"That is true, but I did not have the strength to speak; and besides, I was thinking of something else."

SEGUIN:—"What then were you thinking about?"

Louis did not answer; I did not insist, and we continued our exercises. These were interrupted by a voyage, the effects of which I doubt not were beneficial, at least so far as my directions were followed.

ARTICLE XXXVII.—*A Case of Puerperal Convulsions.* By E. M. HALE, M.D.

A WOMAN, forty-two years of age, in her fourth pregnancy. Her first labor was a very tedious and painful one, attended by a skilful physician, but owing to mal-presentation the child was still-born. Her second pregnancy was interrupted by a miscarriage in the third month. The third labor was like the first, a breach presentation, with the chin locked under the pubis and prolapse of the cord. Before the head could be extracted the child was dead. Her last pregnancy was much more free from pain and discomfort than the previous one until the middle of the eighth month, when she began to be troubled with headache, neuralgia, dyspnœa, vomiting and scanty urine. Under the use of Apis, Arsenicum and Apocynum, the urine became normal in quantity and quality, but the neuralgic pains in various portions of the body did not disappear.

On the seventh of June, ten days before her expected confinement, she had a more than usually severe attack of hemicrania, attended with nausea and vomiting; dyspnœa from a sinking sensation at the pit of the stomach. For these symptoms she received Iris and Sepia, with the apparent effect of relieving the attack. She slept but little the following night, owing to the distressing empty feeling at the epigastrium. The next morning I was called to see her in haste, and found her suffering *intense pain in the right hypochondriac region, extending upward into the right chest and down the right arm.*

Notwithstanding the use of Aconite, Bryonia, Belladonna, Nux-vomica, and finally Atropine, this pain increased in severity until six o'clock in the evening, when it seemed to radiate all over her body and extremities, and she became so wild with suffering that her husband gave her Chloroform, a few drops, which made her comparatively easy. When next I saw her, at about seven o'clock, she was apparently under the influence of Chloroform; but while sitting by her bed, I observed the eyes to open and the eyeballs to turn upward and to the left side, and in a moment after she had one of the most terrible convulsions I ever remember to have seen. The face was distorted and drawn to the right side; the right arm extended perpendicularly, with the thumb clasped in the closed fingers. The left arm and lower limbs were convulsed by severe shocks or jerks, and finally the whole body was shaken up and down by the convulsion. The teeth were tightly clenched and the face of an ashy paleness.

As soon as she could swallow I gave Ignatia, repeating the dose in fifteen minutes. In about half an hour the second convulsion occurred severer than the first, during which the tongue was severely bitten.

Notwithstanding the use of Veratrum-viride and Chloroform, the convulsions continued with increasing severity.

Drs. R. Ludlam and F. A. Lord were called in consultation and forcible delivery was decided upon. It required nearly six hours to produce the necessary dilatation and extract the child, which operation was performed by Dr. Ludlam, the patient meanwhile constantly under the influence of Chloroform, and a portion of the time under the action of Ergot. The child was dead. The convulsions did not abate; were not even palliated, and continued until death ensued, about twelve hours after the first convulsion.

There are several points of interest in this case:

First. The increase of the urinary secretions and subsidence of the dropsical symptoms, under the use of medicines, did not present the occurrence of convulsions. Were they caused by uræmic poisoning?

Second. The inefficiency of Chloroform and apparently indicated medicines.

Third. The delivery of the child did not prevent the occurrence of convulsions and a fatal termination.

ARTICLE XXXVIII. — *Three Cases of Obstruction of the Bowels.* By JACOB REED, Jr., M.D., of Grand Rapids, Mich.

C. H., aged eighty, somewhat feeble from age and habits, having been an inveterate smoker and habitual drinker; after several months of steadily increasing indisposition, complaining of loss of appetite and distress in the belly, the bowels being "all gone." One the 20th of August he took to his bed with what was supposed, at the time, from cursory examination to be a mere attack of indigestion; there being slight febrile disturbances, cramps, vomiting, and frequent, but as subsequently appeared, ineffectual calls to stool. This condition persisting in an unusual manner under a mode of treatment ordinarily effectual, led to a more careful examination of the case, which on August 24th presented as follows:

Decubitus dorsal, with thighs flexed upon the abdomen and the body bent forward; abdomen slightly distended, free from tenderness, dull upon percussion over a great width in the right iliac region, extending far up the course of the ascending colon, the whole abdomen lacking its usual resonance; extent of liver dullness smaller than normal; upon careful examination no sign of a hernial tumor could be discovered; thoracic sounds normal, with the exception of diffuse coarse mucous rales, evidencing senile bronchitis of long standing; skin slightly jaundiced; countenance anxious and somewhat pinched; pulse 110, small and feeble; tongue heavily coated, with red edges; great thirst, with constant irritability of the stomach, causing frequent and violent retching with however but little vomiting of mucus tinged with bile. The patient states, that although there have been frequent calls to stool with great strainings, these have been but vain efforts, not having had a passage for eight days, and, indeed, not a free passage for some months. Urine normal. Ordered concentrated nourishment, copious injections of senna-tea, with Aconite and Ipecac.

Morning of Aug. 25th. Irritability of the stomach somewhat relieved, but still unable to retain but the smallest quantity of food; tongue more heavily coated and brownish; pulse 120 and upwards; less frequent efforts at defecation; abdomen somewhat tympanitic with pain and slight tenderness in the region of the cœcum; skin hot and dry; thirst intense. The injection, having been almost immediately returned, had proved ineffectual; a digital examination discovered no obstruction within reach of the finger, but a rectum-tube could not be passed beyond four inches into the gut without using a degree of force deemed unadvisable; there was no complaint made of any obstruction in the rectum.

The large gut being evidently distended with fœcal matter dependent upon an obstruction of the rectum, and inflammation of the cœcum being evidently imminent, a fair effort was made to obtain an evacuation by means of a full dose of castor-oil, with as large a stimulating injection as could be retained; by the use of these measures, the injection being frequently repeated, frequent small dejections of a drachm or so were obtained, but without affording any relief to the sufferer, symptoms of typhlo-enteritis rapidly developing, which after four days of suffering, relieved only by full doses of Opium, ensued in death.

Autopsy Twenty Hours after Death.—Body much emaciated. Abdomen alone examined: much distended and somewhat discolored, containing a large quantity of serum and some fæcal matter, evidence of recent violent and nicely diffused peritonitis, with numerous adhesions of older standing; the cœcum, largely distended with fæces, was extensively gangrenous, showing four ulcerative openings, one of which communicated through a portion of the jejunum into its cavity, the remaining three opening into the cavity of the abdomen; with the exception of the perforation into the small intestine, which was guarded by adhesive inflammation—no protective adhesions had been formed by the perforation, the inflammatory process, dependent, as it was, upon mechanical distension, and irritation having been too sudden, severe, and widely extended to admit of this means of protection;—the ileo cœcal valve and appendix vermiformis were found to be in a normal condition; the rectum at about five inches above the anus was the seat of an old circular ulcer, causing great thickening, and contracting the gut so as to admit of the passage of a common pocket-probe with difficulty; the thickened tissue was not examined microscopically, but from the character of the infiltrated material was not considered malignant.

We then had here death from perforative typhlo-enteritis, dependent upon an obstruction of the rectum from a contracting circular ulcer.

An obstructed bowel causes the attending physician great anxiety from the frequent obscurity of its nature and situation, and from the skill and judgment necessary to a proper treatment of the case; for in few cases that we have to deal with, does the success of the treatment depend so entirely upon a proper diagnosis and the skilful use of the proper remedies, as in these cases of obstinate retention of the fæces; a case of pneumonia, typhoid fever, indeed many or most *diseases*, may be incorrectly diagnosed and improperly treated, and, despite of this, may terminate favorably; but in the cases under consideration prompt and active interference is always necessary, which, if misdirected through a mistaken diagnosis, may result in the death of the patient; if, for instance, in this case force had been used in the introduction of the rectal tube, or purgation had been insisted upon, the result would have been undoubtedly more speedily fatal, and have been caused by the means used, rather than from the natural progress of the diseased condition.

And yet in its proper place active purgation and interference bordering on violence may be necessary, as in the case of Miss X., aged fifty (?), of costive habit; after remaining for some twelve days without relief, and feeling badly, called upon me for advice, complaining only of loss of appetite with general malaise. ℞. Podophyllin, gr. j., to be repeated every four hours until relief was obtained.

Thirteenth day. Condition the same, except slight nausea with cutting abdominal pains; much gurgling and rumbling in the bowels, these motions occurring according to the patient's sensations to stop at a certain fixed spot. Ordered warm mucilaginous injections, sufficiently large to distend the bowels, to be repeated if necessary. ℞. Nux-vom. 0.

Fourteenth day. No dejection obtained; nausea increased somewhat; pulse small and quick; patient growing somewhat anxious as to the result; the abdomen previously flat, was now slightly distended, and the bowels could be felt, under the stimulation of the Podophyllin and the irritation of the injection, rolling and vainly endeavoring to free themselves from the load oppressing them; there was no tenderness upon firm pressure over the spot indicated by the patient as the seat of the obstruction.

There being this marked absence of any sign of a diseased condition, properly so-called, and no local inflammation having as yet been caused by the evidently merely mechanical obstruction, more active measures for the relief of the patient were deemed advisable: to this end, there being sufficient activity of the bowel above the seat of obstruction, the lower bowel was filled by means of a rectum-tube to the extent of its capacity, full measure, pressed up and running over, being given; after which the bowel, thus working and straining above, and thus distended below the obstructed point, was subjected to a gentle but thorough kneading with the knuckles; while this was being done the patient exclaimed suddenly that "something had given away," the cry being quickly followed by a rumbling and gurgling throughout the belly, causing the operator no little anxiety lest there might have been a rupture of the intestine: there, however, being no symptoms of the shock present, and very decided symptoms of an evacuation, the doctor ceased his efforts and withdrew: the patient was immediately delivered of a mass of mingled injection matter and fæces, that there were scarcely vessels at command to contain.

The patient made an uninterrupted recovery.

In strong contrast to this was the case of H. W., aged ten. Having passed the ninth day, as nearly as could be ascertained, without a movement of the bowels, he had administered by his mother sundry large doses of castor-oil with other nostrums, which in due time produced their legitimate effects of severe tormina and tenesmus, without opening the bowels.

I found the boy upon the tenth day suffering from these untoward effects of the medicine administered, but otherwise in good condition, free from fever, tongue but moderately coated, no vomiting nor any tenderness over the abdomen; which, however, was somewhat distended and dull, with the exception of the tract of the colon, which was, upon percussion, resonant.

Ordered abstinence from medicine, rest, nourishment, and a large stimulating injection, which being almost immediately returned, was replaced by a soap suppository.

Eleventh day, morning. Not so well; frequent ineffectual calls to stool, with severe tenesmus; some fever; vomiting; anxious fretful countenance; very slight, diffuse tenderness over the abdomen developed upon firm pressure.

Considering that this unfavorable state of affairs was owing more to the improper use of purgative medicines than to the irritation from a mere obstruction, and from the entire absence of any *localized* pain or tenderness; dismissing the idea of intussusception with the view of relieving the spasmodic intestinal efforts, which would of themselves be sufficient to constitute an obstruction, and could not fail to aggravate any mechanical hindrance already existing, I at noon administered per rectum a full dose of Opium, which was followed, after an interval of four or five hours quiet sleep, by several copious liquid evacuations containing numerous scybalæ.

These three cases illustrate fairly the principal varieties of intestinal obstruction, with their appropriate and nicely differing treatment.

First. In the case of C. H., an example of chronic intestinal obstruction owing to organic disease, which if timeously discovered in an otherwise healthy person, admitted of relief by operative means, but as presented allowing only palliative treatment.

Second. Acute intestinal obstruction from some occult cause, admitting, before there were any signs of inflammation, of active interference.

Third. A simply spasmodic obstruction, ileus proper, requiring simply rest to be given to the irritated gut, to allow it to resume its proper action.

ARTICLE XXXIX.—*Dental Surgery.*

We have continued to observe with interest the progress of dental surgery during the quarter of a century in which it has grown from an empirical art to a profession resting upon the solid basis of anatomy, physiology and pathology. From the transactions of recent Dental Conventions we select the following abridged report of discussions on a subject of permanent interest:

Hygienic Treatment of Children. Proceedings of the Missouri Dental Association. St. Louis.

Dr. J. S. Chase (of St. Louis) said that we must look to the periods of conception, gestation and lactation, as the times to institute those measures which would ultimately improve the teeth of Americans. Types of teeth, sound or unsound, are transmitted from father to child as well as from the mother.

Therefore, the teeth of both parents should be put in a healthy condition by the dentist before marriage. The child is influenced by the condition of the mother, and the teeth will be dependent on the health and nutrition of the latter. Disease of the mother will stop the development and growth of the child's teeth, and often leaves its indelible marks upon them in the shape of furrows and pits in the enamel. Inherited syphilis is one of the greatest curses of the age as regards the teeth. Dentists daily see the infallible marks of this disease in the teeth of their patients, which has thus been transmitted to the third and fourth generations.

The mother's blood is the source from which must be built up the bones, teeth and all other parts of the child's body: therefore it is important that the fluid should contain in abundance all the necessary elements of growth. This cannot be without good health on her part, so that she can digest and assimilate the food which she eats. It is of the utmost importance, too, that she shall eat such food as contains an abundance of all those properties capable of nourishing her own body and that of her growing child to perfection. There is a great drain on the blood of the mother, for the purpose of building up the tissues of the child.

This is apparent in the weakness and lassitude of many women during pregnancy and nursing. During the period of lactation the same conditions are found, for still the child is nourished from the mother's milk.

So far as the teeth are concerned, the phosphate of lime is the element in most demand in the food of the mother, as we know that the teeth are mostly made of this substance. Therefore, in the selection of food, all articles should be avoided which are deficient in this salt. Beef, mutton, fish, potatoes and fruits, contain it in abundance, and so does all bread made from the different kinds of grain, provided they have not been bolted after grinding. Superfine flour is a curse to any community, and especially to *enciente* and nursing women. It contains but one-fifth part as much of lime as the unbolted flour, and it will starve both mother and child just in the proportion as she makes it her food. After birth the child should have daily, fresh air out of doors, and a sun-bath in the house. Once a day the infant should be placed naked in the sunshine for half an hour. Just as surely will it influence that child's health for good, as the sunlight will perfect the growth of a vegetable.

I would refer again to the mother. It is, among dentists, notorious that pregnant women suffer more from decay of teeth than others, and it is this drain on her blood for phosphate of lime for the teeth and bones of the child which produces it. Even after the teeth are erupted the dentine is subject to changes dependent on nutrition, so that a mother may improve the quality of the teeth of her *nursing* child as readily as she could before birth. It should be kept in mind that the teeth commence forming very early during gestation. As soon as the fifty-sixth day after conception the germs of the teeth appear, and as early as the twenty-sixth day the ossification of the underjaw commences.

These facts should impress upon us the importance of giving a mother such information as will tend to the better development of the dental tissues; and when she comes to the dental surgeon to remedy the defects of her own teeth, she should not be sent away without that knowledge which renders the teeth of the child she loves better than her own in their dentification and calcification. It is our duty to prevent disease as well as to cure it.

Dr. Judd spoke of the attention that should be given to the employment of nurses. Nothing is so common as to put children into the hands of nurses, whose breath is so fœtid that we cannot stand it ourselves. There are very few who would put their children in the hands of a nurse about to be attacked by measles or mumps, yet I would rather submit my child to a nurse like this, said the doctor, than to one whose mouth is a hot-bed of corruption, sending forth disease and death to children.

Dr. Forbes believed that dentists had been careful generally in informing mothers that they should have healthy nurses. He had been asked by a lady in France, "Why is it that the mouths of your people are so much healthier than ours?" He had explained to her that in this country the perservation of the teeth was studied as well by the masses as by the upper classes, and it was due to the fact that a mother would not submit her child to a nurse who did not have a sweet mouth. He wished it distinctly understood that he considered the American mouth superior to that of all foreigners. (Sensation.) He went one day to see the Queen of England drive with the Emperor (?) of Turkey, and in all the display of women he only saw one with whom, had he been a young man, he would have fallen in love.

The poorer classes of Europe eat the bran as well as the kernel—no meat. The people of Missouri eat more beef than the whole of France. The upper classes of England are a beef-eating people. The lower classes of England and Ireland rarely see beef. The diet of Europe is not so enriching to the blood as the diet here. We have used superfine flour for a century at least, but we make up its loss by the use of meat.

Dr. Chase—If the mother has such a constitution that the character of the nourishment afforded to the child is not sufficient, is it not very important that the teeth of the mother should be put in good condition. The doctor has found by chemical analysis that the milk corresponded exactly to the requirements of the child.

On the head of superfine flour he said it was seventy-five per cent starch. In regard to its enriching the blood, we all know that no person can subsist on starch.

Dr. Forbes—I would like to ask how is it that thousands of Irishmen live on potatoes alone.

Dr. Chase—The Lord has put enough phosphate in potatoes to sustain the system. The potato is, I think, about ninety per cent water.

Some further discussion followed, when Dr. Judd announced the debate closed.

The subject of the absorption of the gums and alveolar process was taken up.

Dr. Chase said he never had much success in stopping the absorption of the bone. He had had a patient, whom Dr. Judd knew, who had taken medicine that he did not know the nature of, but undoubtedly it was mercury. He treated the case about twice a week for two weeks. He used Phosphorus first, as a constitutional remedy; subsequently iodide of potassa. As a local remedy, he used diluted Nitric-acid. The case was a syphilitic one. There was one loose tooth that he thought could not possibly be saved. He had found that the patient was steadily improving, though he thought there was one tooth hopeless.

Dr. Spalding thought that one of the most important subjects that had to be treated. The question is, is it curable. It is a formidable disease, and one that stares the dental profession in the face. Hitherto, they have folded their hands supinely, and let the disease go on in its ravages. My impression is, that the disease can be cured, or at least that it can be arrested and retained just as it falls into our hands. For many years I was unable to arrest that disease. But lately, persistent treatment, at stated intervals, has effected much. The best local treatment is that proposed by Dr. Atkinson, of New-York, the ingredients being Iodine and Kreosote. The great danger is over-treatment, and that is the rock on which most practitioners have split. So long as pressure against the gum will produce pus, the stronger application should be made once a day, or once in two days—that is, of Kreosote and Iodine. So soon as no more pus can be produced the application should be discontinued, and a milder one substituted. The continuation of the stronger remedy is at every step an injury. If the tooth be loose, the use of a brush is almost certain death to it. Even the mastication of food is injurious. After a certain course of treatment until the restoration of the alveolar process, the usual regime may be resumed.

A large share of these cases have their origin in mercurialization. A slight degree of mercurialization in early life may produce this disease after the meridian of life has been passed. I, myself, am a victim of it, and I know that it resulted from mercurial treatment years before. As one making it an entire study, I have been able to trace the symptoms of the disease even from twenty years ago.

The Doctor said he was a Homœopathist, and treated these diseases homœopathically. He thought it impolitic to speak of his constitutional mode of treatment within these halls. (Laughter, as the Doctor was speaking in Pope's Medical College.) He promised an article on the subject, however, for the new dental journal.

ARTICLE XL.—*Medical Education.* Report to the Western Institute of Homœopathy, May, 1868. By E. A. SMALL, M.D., Prof., &c., Hahnemann Medical College.

DR. SMALL, of Chicago, presented the following report, which was adopted.

MEDICAL EDUCATION.

Mr. President and Gentlemen of the Institute:—In view of the spirit of improvement witnessed in all departments of society, we cannot fail to see the necessity for an able report upon medical education pervaded by the same spirit, that our profession may keep pace with the advancements of the age; and it would be far more agreeable to your humble servant, if a more talented exhibition of the subject could be laid before you, than it is possible for his ability to present. This, nevertheless, is a fit season for calling special attention to the subject.

It is necessary to enumerate the reasons why every member of this body should be duly impressed with the importance of the matter, for our protection demands it. Why so? may be the inquiry of some, while others will wonder what more can be done in the face and eyes of so many chartered institutions for turning out doctors of medicine. We are aware that that more than fifty medical schools are in existence in our country, either as departments of academical universities and colleges, or as independent institutions, which afford a passport into the profession, annually, for more than two thousand graduates. By far the greater number are under the control of the self-styled regulars, some under that of the eclectics, and some under the influence and patronage of the believers in homœopathy.

The fact is nevertheless patent that the multiplication of doctors fails to advance the status of the profession in accordance with its responsibilities and the demands of suffering humanity. For this there may be obvious reasons. Is it not a fact that many improper persons have been nominally admitted as students and suffered to pass with legal credentials into our ranks, without sufficient evidence of their fitness to share the responsibilities and duties of this calling? The number of worthy and devoted aspirants compares but unfavorably with the class in search for some degree factory, not overscrupulous with regard to competency, that will grade them as doctors and thrust them into the fraternity of physicians. Where can I obtain a diploma at the least expense of time, of money, and hard study, is often the inquiry of some ignorant and selfish adventurer, who vainly imagines that an M.D. attached to his name would book him for a fortune or back him in his pretentions, even if his literary ability were inferior to that of the man whose orthography has led him to spell dirt with two t's.

It is a mortifying fact that some of the most reputable schools have listened to the overtures of nostrum mongers, who seek for diplomas to back them in their trade and to aid them in imposing their quackeries upon the credulous, who are made to believe that their patronage is bestowed upon reliable doctors, because their diplomas may be seen hanging in gilt or ebony frames in their dispensaries.

Not long since a seedy individual from the south-west, where all are supposed to be highly educated, called to inquire how much it would cost to obtain a college M.D., that he might come out with a proprietory medicine for piles. His reasoning, which to him was conclusive, was, that he had cured himself and a hundred others of this severe affliction, with a prescription tha the had in his possession; and if he could only show a diploma as evidence of his being a doctor, he would prove a benefactor to the whole hæmorrhoidal race, and as a reward for his benevolence, he was sure of making a fortune.

That some of the time-honored medical schools, regular in orthodoxy and consistent in their devotion to antiquity have done this, the proprietor of Swaim's Panacea will testify.

That eclectic diplomas shed their benign influence in the sale-rooms of nostrum venders or mountebank specialities, let the proprietor of Cherry pectoral and other nostrums answer.

That homœopathic medical colleges have failed to profit by these examples is in some degree apparent.

That the faculties of these institutions are charged with the sacred duty of guarding the profession against incompetency in its ranks, makes the matter more deplorable. They have been thoughtlessly lenient and reckless of the consequences, and the necessity for reform must throw itself upon the convictions of every member of this body. But where to commence and how to proceed in the accomplishment of the enterprise, is a measure for consideration.

Some advancement, it is true, has been made and is being made in the homœopathic school towards improvement, but much remains to be accomplished by the introduction of a new order, and it now seems to be a favorable opportunity for commencement. Not alone the colleges, but every member of the profession must share the responsibilities of our present standing. Our schools are what they are, because the profession at large has not willed it otherwise. They are open for the reception of students sent by their preceptors, and the proper discrimination necessary to sift the wheat from the chaff is to be exercised by them. To encourage and facilitate the wishes of deserving and desirable aspirants rests with them. To discourage the unworthy and to refuse to countenance the intrusion of uncultivated and ignorant applicants to studentship, is but looking to the honorable and useful standing of our fraternity, and an index that points out the way to successful reform. Without defining certain standards that can be practically observed, it will be difficult to rise above our present defects, so as to leave them a chance to pass into obscurity. In deciding the question who to admit and encourage as students we must first discuss

PRELIMINARY QUALIFICATIONS.

No one should be allowed to enter any physician's office as a student who cannot furnish satisfactory evidence that he sustains a good moral character and a reputation for being truthful and persevering in his undertakings. He should make it appear that he has received a thorough English education, embracing a knowledge of grammar, arithmetic, penmanship, natural philosophy and chemistry, and able to read and write the English or American language correctly. Any preliminary education inferior to this should be regarded an absolute impediment to his admission as a student, and further he should, if practicable, become proficient in the Greek and Latin languages, which are called into constant use during his pupilage. This rule observed strictly by those who intend becoming students, as well as by preceptors, would rid the profession in the future of drones and ignoramuses that have hung about the offices of physicians, and then hastened to attend one or two courses of lectures to seek the grade of doctor, &c. And further, the observance of this regulation will save the profession from the disgrace of having its ranks filled by those who are too lazy to work, too unstable to settle down in any useful capacity—too ignorant to find an enviable association, but who in too many instances become notorious for being pedlars, horse jockeys, dog tamers, grog dispensers, bar tenders, &c., &c. It is a melancholy fact that thousands in view of the unrestricted facilities that have been tolerated, who have done nothing to render themselves respected in any other pursuit, have started up to become doctors, always going on tick and seldom paying their debts. Owing to the competition existing between medical schools, and a desire on their part for large classes, the names of these have too frequently swelled their catalogues and so stand as a monument of disgrace at the present time. Hundreds of this description travel from place to place with these catalogues in their pockets, bearing their names as college-learned doctors. Now, the purpose and intention of exacting credentials of good character and suitable preliminary attainments is to effectually close the door against such disgraceful records.

Supposing every thing is satisfactory as touching preliminary qualifications, and the student is admitted to

PRIVATE PUPILAGE,

This begins his career as a student of medicine. Presuming that his preceptor is competent and will point out to him the advantageous method of perusing his studies, he will add to his stock of knowledge every day. It will be his purpose to become thoroughly versed in all the sciences that have a direct or indirect bearing upon medicine. This will embrace anatomy, physiology, surgery, pathology, materia medica, chemistry, toxicology, obstetrics, &c. His preceptor may excel in anatomy, physiology, pathology and surgery, and not be so well skilled in the other branches; if so, the student will commence with the study of anatomy, and his preceptor should require daily recitations and frequent reviews until he becomes familiar with the science. He may also pursue the study of physiology in connection with anatomy, and this would prove advantageous as well as useful, because the pursuit of these studies together is calculated to make both more interesting. Three or four hours attentive study may be required of the student daily until he has become familiar with the structure and function of every part of the animal system. This will require a shorter or longer period, according to the aptness of the student in mastering those branches. He may then take up the kindred branch of surgery, and devote a similar number of hours daily, until he becomes familiar with the major and minor operations. In connection with operative surgery he may study surgical anatomy and pathology. By the aid of his preceptor, whose duty is to institute frequent examinations, he will be constantly recurring to what he has already learned in a way to increase his proficiency therein. Thus anatomy, physiology, pathology and surgery may be mastered under the teaching and direction of one preceptor, who, if a good operative surgeon, is at the same time a proficient in anatomy, physiology and pathology, and his certificate would constitute one of the necessary credentials. The student then may turn his attention to obstetrics under the instruction of a competent obstetrician. His certificate of proficiency would constitute another important credential—and so on, he may learn materia medica, pharmacy, special pathology and therapeutics, under the tuition of private preceptors, who will certify to his attainments in these branches. Now it seems more than probable that if every student were required to furnish, as a requisite for graduation, a certificate from an accredited surgeon that his attainments in anatomy, physiology, pathology and surgery under his instruction had been satisfactory; One also from an obstetrician of the best standing that he had become proficient not only in this branch, but in that which treats of the diseases of women and children; One from a competent and skillful teacher of materia medica and therapeutics, which shall vouch for his competency in botany and his knowledge of medicines and all that pertains to the proving and adaptation of them as remedies, in accordance with the science of homœopathy; and also from the chemist a certification of proficiency in this department; It would redound to his benefit, and save the profession from the disgrace of admitting him prematurely into its ranks.

Were the profession as a body to become united in this enterprise and refuse to countenance any medical school, which would permit candidates for graduation unless from private preceptors they could furnish or present the four credentials specified above, the work can be accomplished. It is not so difficult to make a proper analysis of the studies. The surgeon knows that a thorough knowledge of anatomy, physiology and pathology is a requisite preliminary to the study of surgery proper. The obstetrician knows that he cannot conduct his pupil to the intricacies of parturition, until he becomes familiar with the anatomy and physiology of the female pelvis and organs of reproduction. The teacher of materia medica knows that his pupils should be familiar with botanical and chemical science, in order for them to learn advantageously to discriminate between the various medical products of the vegetable, mineral and animal kingdoms. The teacher of therapeutics understands well that special pathology and the pathogency of remedies should be well understood, in order for him to teach a successful affiliation of remedies for diseased conditions. There can be but little progress in our school until many grave obstacles are removed. Among these is the toleration of incompetency in practitioners. The public say we have no surgeons. This is not true; we have many: but too frequently adventurers in the out or country towns, start out to practice homœopathy with some domestic guide or repertory, who know nothing of surgery and very little concerning any other branch of medicine. They pass for homœopathic doctors, and by them the entire profession is judged.

Now, if this institute would fix upon a proper curriculum of medical studies, and make a familiar knowledge with all that is embraced in it a condition for receiving its sanction while it sets its face against all smatterers or pretenders; no matter if they are preachers, riding the circuit, or unsuccessful tradesmen, out of business, who flee to homœopathy for something akin to mercenary motives, let them be spurned by this body and held up to public scorn and contempt. For they have failed in other useful undertakings, they will fail and disgrace homœopathy. Let no respectable physician or member of this institute suffer such mountebanks to hitch themselves on to him as students, or by any kind of wheedling obtain fraternal relations; and then the increase of unworthy members would be abridged. Our institute would grow with its growth, and strengthen with its strength. Its influence would be felt and seen throughout the great West. Its members, or those who become private preceptors, would be honored, because of their discrimination as to who is worthy, and has proper vouchers for preliminary education, to be admitted into an office. Our colleges would then be honored with worthy classes aspiring to competency and honorable practice, instead of sneaks begging their way as beneficiaries or sheltering themselves behind notes or promises to pay, which ever after they repudiate. The habit of listening to the complaint of aspirants for professional honor, who claim that they are destitute of pecuniary means, has a pernicious tendency. Not one in twenty of such ever cares a whit about obligations to pay for what he receives, after he has obtained by hook or by crook an M.D. It is believed to be a safe rule to adopt, that worthy aspirants enthusiastically devoted to the profession will have friends, or possess vim and ambition enough to find ways and means to sustain themselves in the undertaking, while those who have failed to make friends, are without energy sufficient to do honor to any cause, or even to provide for their own necessities, are the ones who seek to gain favors with promises to pay, without feeling any obligation to redeem them. The sooner a discrimination is made between these two classes, the better. The former will uphold, honor and sustain the calling of the profession; the latter will rest like an incubus upon those who worthily espouse the cause and devote themselves constantly to its interests.

Another obstacle to advancement in social and professional standing lies in the fact, that our chartered medical institutions have not had sufficient regard to unexceptional competency in the selection of teachers. The title of professor should be founded on merit, and moreover the preferment which it gives should be withheld from those not well-bred and worthy of the honor. It must be confessed that chairs in these institutes have sometimes been occupied by incumbents wanting in culture, refinement and scientific status. To correct the evil, the sense of this institute as well as that of the members of the profession generally should be so expressed upon the subject as to be unmistakably in favor of the necessary care and discrimination in favor of meritorious teachers.

In conclusion, the proposition is respectfully submitted for the consideration of this body, to appoint a board of medical education, whose duty shall be to recommend some criterion of preliminary attainments for students, which must be come up to, if not surpassed in all cases, some programmes to be observed by private preceptors, and the character and quality of the credentials that must without fear or favor be required of candidates for graduation in our colleges.

All of which is respectfully submitted.

ARTICLE XLI.—*Report on the Proper Course of Office Study for the Practitioner of Dentistry.* By H. C. PEEBLES, M.D.

AFTER many years of careful observation, and having before my mind now numerous cases of men, who have had only the ordinary advantages of the common course of office study in the dental art, I am inclined, rather strongly, to the opinion, that in the main few young men receive such a course of mental and manipulatory training in their course of office study, as to fully qualify them for the responsible duties of our specialty in medicine.

I do not deny that a young man may obtain in the office of a good dentist so much knowledge of our art as to enable him to construct a piece of dental mechanism, or to learn to fill an ordinary cavity in a living tooth, and also get by his course of reading a sort of general idea of the science of dentistry and oral surgery, and in this way be *stimulated* to *assume* the functions of a practitioner; and I do conceive that the majority of the present incumbents of the offices in the United States have availed themselves of no other means of instruction until after they have commenced practice in their own names. And, may I not ask, are there not some, yea, not a few, who have felt and do feel so well satisfied that they know all, or at least enough, that is to be known in dentistry, that they feel no need of study, or have such a disinclination to study, that they do not increase the little stock of knowledge acquired in the office of their preceptors, and thus not only fail to advance but really retrograde, or fall farther and farther back from the front rank of professional standing?

It is a fact, that not a very large per-centage of dental practitioners are really qualified and fitted for instructors. How many men among us have the time, ability, or necessary qualifications to train and drill a student in the various departments of a thorough dental education? True, we do find a good dental chemist *occasionally*, so also an anatomist, a physiologist, or therapeutist. But I really doubt if there be a score of such found in the country, who are not now connected with some college, or who have not been so connected at some period of their lives as teachers, or are preparing themselves for such positions. And even then and under such circumstances, it is the rarest thing to find a man who is really posted in several of these branches, let alone *all* of them.

There are a few men in every age and in all professions of gigantic intellects and more than ordinary industry; men whose minds grasp and master a subject of human knowledge with ease, and whose thirst for learning is so great, that they find their chief delight in the acquisition of scientific light; and men who have a faculty of imparting their knowledge to others in such a manner that it is readily comprehended by the learner. Such men may so store their minds with the science and art of various departments of general medicine, or any specialty in medicine, and so readily impart their knowledge as to be in themselves competent to fully instruct a student in the various sections of dental knowledge. But, as above said, such men are few, and they are really the exceptions to the rule. While the great majority of us are wholly incompetent to take a student, and so teach him in our offices as to fit and qualify him for the duties of practitioner of dentistry, to make him a fit companion and associate of the educated physician.

The time was when the dental student could do no better than to take an office course of instruction, unless he chose to avail himself of a medical education; and owing to the very narrow views then entertained of our specialty by most of its practitioners, this was thought to be a useless expenditure of time and money.

But that time soon passed, and through the united efforts of the more enlightened minds in the dental ranks, more adequate means of instruction were devised and put into operation; and the student of dentistry was not confined to the mere pupilage of a year or two in an office, and then thrown upon his own resources, to pick up by the aid of a very meagre special literature and hard experience, such crumbs of learning as he could. Societies were organized, a monthly journal commenced and a college organized; these developments of growth and energy were emulated, and ere long the way was fully cleared for a better growth in dental teachings; and thus he who desired to advance in knowledge and enlarge his stock of facts in the art or science of dentistry, had opportunities offered him to gratify this laudible desire.

Now, is it not a fact, that the men who take the most students into their offices are not the men best prepared and endowed, by a good understanding or a cultivated mind, to afford to the student a thorough training in office instruction?

Are not the prime motives that induce men to take office students and be annoyed by the indifference, awkwardness, blunders and ignorance of the verdant youths, more sordid and selfish than they are disinterested and benevolent? Is it not generally a matter of "dollars and cents?" The fee of the student may have something to do with the acceptability of a young man. How few of us refuse a young man because he is deficient in education? And are there not cases that would almost justify the belief that some of those who seem to desire the greatest number students prefer the uncultivated youth? This may be accounted for, if it is a truth, upon the hypothesis, that the teacher knows that he is so illiterate or uncultivated himself, that he fears to admit the educated man to a studentship, lest his own defects may become apparent to the pupil.

Or is it true, that none but the ignoramus can be caught by such teachers and drawn into such relation with him? A man now practicing in our city told the writer, some five years since, that he had turned out nineteen dentists up to that time, and he has certainly had two, and perhaps four office students since. Do such men elevate or degrade the profession? is a question that will hardly admit of discussion. The fact is apparent, that if, then, the large class of young men that enter our ranks, come through the portals of the offices least able to afford good instruction, and through training, as office teaching. And also if the other branch of the inquiry be admitted, that a single teacher does not afford to the student, and *can not*, in the very nature of the case, afford to the student a thorough dental education in his office, even in three years' pupilage, does not the case resolve itself into the syllogism, that still another mode of instruction is imperatively demanded?

To our colleges, then, we must look for the means of education. If we intend to hold on to the position we have attained as a specialty in medicine, we must not only stand firm, but we must advance in our educational appliances. The world is moving on; the age is progressive. Schools, literary and professional, are not satisfied with their old curricula, but change and improvement are the order of the day. We, too, must be on the move; our schools must be improved—Progress and Reform are the watchwords.

Let us all seek men of talent, education, studious habits, and men of industry, to enter our offices, and induce them to take a course of lectures during the first winter they are with us. This will get them at once upon the "rails" and teach them how to study to the best advantage. It will also, in a great degree, qualify them to render to us as preceptors better assistance, in the interim; and if it is not convenient to us or to them to attend a course the next ensuing session, let them wait, and work, and study, and be the better prepared for the second course. Gentlemen, the time is coming, when the public will no more tolerate the practice of a non-graduated dentist than a non-graduated physician.

I will now venture the assertion of two propositions, which I hope will elicit discussion, as this short paper on office instruction is not intended to be exhaustive, but introductory:

The first proposition is—The Missouri Dental College is founded on a better basis, and is therefore better calculated to teach our specialty, than any other dental college in the land.

The second proposition is—There is not a reputable practitioner of dentistry in Missouri that would not be benefitted by the attendance at a course of lectures at the Missouri Dental College.

General Record of Medical Science.

1. *The Gamble Poisoning Case.*

Mrs. Gamble died in Rockland County, N.-Y., August 2d, 1868. The woman who came to lay her out was directed by the husband to try if she could feel the heart beat. No doctor was there, and there were no friends present—nobody but the husband and Mrs. Hujus were there.

Mrs. Gamble had inherited large property. Many thought Gamble married her for her money. "Gamble threw his wife in and out of rooms, and off sofas and beds without any fear that he might hurt her. He threw her child (two months old,) to the floor with such violence that a Sister of Charity present thought he had killed it.

They had bought the country place where they lived, of this same Mrs. Hujus who did not go away, but remained there calling herself "the head."

Mrs. Gamble then died after bequeathing by a will (which none of her friends ever saw) all her large property to her husband.

What was the cause of death?—Her relatives appear to think that she was poisoned by her husband and Mrs. Hujus. We have no sufficient proof of this. We look for the opinion of the attending physician. A Doctor aged 27, says he saw her many times between June and August. He could not make out that she had any disease: had hints that she drank too much. He gave her Morphine, Opium, and Podophyllum. The quantity is not known.

Nobody but the husband and Mrs. Hujus thought about the woman dying from intoxication.

Dissection did not bring any proofs that she so died. No internal organ showed any evidence of it. The thoracic and abdominal viscera were all found in health.

The Doctor gave a certificate that she died of congestion of the stomach, liver and brain, "a great many organs to be congested at once. He knew that this certificate—without which the woman could not be buried—was false. Why then did he make it? He made it at the solicitation of the husband. He wanted to see the death accounted for, so that the body, dead without disease could be "hurried under the ground without the intervention of the coroner. The husband who had the money secured in the will, "could only 'be satisfied' when a feeble-minded doctor had furnished him with a certificate of death that would prevent immediate inquiry." The body afterwards exhumed.

It is difficult in such a case and after such a loss of time to find in the stomach the quantity of Morphine which might be sufficient to cause death. It would not be possible for it to be found after so long a time. The testimony of Dr. Doremus is given below.

TESTIMONY OF PROFESSOR R. OGDEN DOREMUS.—My name is R. Ogden Doremus; I reside in the city of New-York; am professor of chemistry and toxicology in the Bellevue Hospital Medical College, professor of chemistry in the College of the City of New-York; have been professor of chemistry since 1849; I visited the deadhouse, Brooklyn, August 14th, 1868, for the purpose of receiving personally portions of the remains of Mrs. Gamble with a view to their examination for poison; there were present at the deadhouse Coroner Flavin, Dr. Shepard (the last witness) and three or four other persons; Mr. Daily was there; the door was locked when I arrived there; when we entered we found a pine box, which, on being opened, revealed to us a coffin, with Mrs. Gamble's name upon it; this coffin was opened and the body removed; the body was clothed and apparently had not been disturbed; the post-mortem examination was then conducted by Dr. Shepard; I received the parts of the body I desired—the stomach, tied at its two extremities; the small and large intestines, also tied; a portion of the liver, one of the kidneys, the pancreas and a piece of muscular tissue; these were placed in new and clean glass-jars purchased by myself and washed with distilled water; the mouths of these jars were covered with paper and with metallic covers; I conveyed them to my poison laboratory, not leaving them until I deposited them there; they were under my sole control; when Dr. Shepard arrived next day I opened the jars which contained the remains purporting to be those of the late Mrs. Gamble, this being the first time they had been opened since receiving said remains. Dr. Shepard opened the stomach; the semi-fluid contents, amounting to three and a half fluid ounces, were removed; the stomach was washed with distilled water and the washings reserved; the small intestines were then opened; six fluid ounces of a brownish-yellow semi-fluid pultaceous substance denser than the contents of the stomach were found; these small intestines were also repeatedly washed with distilled water and the washings reserved; the large intestines were then opened and four ounces of a yellowish fæcal matter were obtained; they were then washed and said washings reserved; there was no odor of any of the volatile poisons; I examined for the various organic and inorganic poisons; found none excepting morphine and meconic acid, which is the acid associated with morphia in opium and its preparations, such as laudanum; if morphia purely had been administered I should not have obtained the reactions for meconic acids; its presence indicates that the pure alkaloid (by which I mean pure morphia) had not alone been given, but some other of the preparations of opium; I discovered these in the contents of the stomach and of the small intestines; the contents of the large intestines were employed for examining for the mineral poisons, without previously testing them for the organic ones. Assuming that on the 22d day of July Mrs. Gamble took one-sixth of a grain of morphine, on the 23d of July none, on the 24th and 25th of July none, on the 26th of July none, on the 27th of July one-third of a grain of morphine and one grain of opium, and on the 1st of August three-fourths of a grain of opium, and assuming that she died about 2 o'clock on the morning of the 2d of August, and adding together these quantities, making in all one-half a grain of morphine and one and three-fourths grains of opium, which are equal to eight-tenths of a grain of morphine, extending over eleven days, it its barely possible that the contents of the stomach and small intestines would afford reactions for morphine or morphia, but not at all probable, because it is so easily absorbed and eliminated from the system; simply from a chemical standpoint I am led to believe that she died from the effects of opium or its compounds. I have already stated that the medicines administered—that is, the opium, morphia and Dover's powders—having been given in the period of two months, no chemical tests would probably reveal their presence, had these alone been given, though it is barely possible.

Cross-examination—I have only found sufficient morphia thus far to give reaction; I cannot give the quantity, because it is unweighable; I have found by estimate one-fiftieth, but not by weighing; I cannot testify positively, however, by the analysis thus far; I can only estimate; I have not found poison sufficient to have caused death; I was about six weeks engaged in making the analysis; if alcoholic stimulants were used by the patient, there would be less prospect of finding the morphia; an excessive use of spirituous liquors inflames the digestive organs; the more one drinks the more these organs are impaired; opium is given from one to three grains at a time; a person in intense suffering can take an enormous quantity with safety; laudanum, from thirty to forty drops is sometimes given; this dose would be in extreme cases; of morphia from one-sixteenth of a grain up to one-half a grain, depending on the manner of its administration, or more, whether by the stomach or the skin; from one to three grains is the point at which it becomes poisonous; that is the lowest, although more can be administered in some cases without fatal results; more has been given with favorable and good results in cases of great pain; in opium poisoning before death it first excites the nervous system, producing marked effects upon the brain; secondly, affecting all the secretions of the body, especially the skin; it produces profuse perspiration in many cases; a person is "bathed in sweat," as they term it; tendency to sleep and impairment of all the senses, such as that of touch, hearing, vision, generally contraction of the pupils, though sometimes the pupil is dilated, but rarely; the person is aroused with difficulty, but may be made to respond to questions immediately after relapsing into stupor; congestion of the blood vessels, very marked; stertorous breathing, terminating with death; the eyes are closed, the face sometimes pallid and sometimes the face is swollen; the pulse in the early stages would be quicker, and later slower and slower; a person who had taken sufficient opium to have caused death might be aroused within an hour before death by galvanism, horsewhipping, walking or riding in a carriage; I have known persons to be aroused; it would depend on the amount of the poison and the sensibility of the person; extreme insensibility or stupor precedes death; I cannot say what would be the pulse of a person thus afflicted within an hour of death; the pulse is gradually reduced to zero under such circumstances; the number of respirations per minute of a person under the influence of opium is from fourteen, the normal number, and it might be reduced down to five and three, and even requiring some minutes for a single respiration; the muscular structure of the bladder is generally contracted in such cases; the opium has made no marked appearance on the stomach or intestines; their condition would throw no light on the question whether death resulted from opium or not; by that I mean their appearance would not be discordant with the effects of opium as poison; a reddened condition of the stomach and intestines, as it really occurs, would rather contra-indicate that it (opium) had been the cause of death; the condition ordinarily will be the same where death results from opium, as where death does not result from that cause; the veins of the stomach and intestines are ordinarily rather empty; although there is no marked or very marked difference; there is no perceptible difference; the lungs and liver were engorged; the difference between the lungs and liver being congested and engorged is that in the first case the blood would be in the most dependent part of the lungs, whereas in the second condition it would be more uniformly diffused; both conditions existed in Mrs. Gamble; the hypostatical condition was more marked than the engorgement; the brain was so far decomposed that the condition of its blood vessels could not be determined; the neck and part of the back gave indications of decomposition from the color, softness and odor; the cuticle was removed from the forehead; the outer cuticle of the forehead had commenced to be decomposed; the whole head was in quite an advanced stage of decomposition; softening of the forehead, decomposition of the whole head and face had commenced; I attributed the peeling off of the skin of the forehead to decomposition, but the latter is produced more speedily in some cases by opiates.

Wm. A. Hammond, late Surgeon General United States Army, followed Dr. Doremus, but merely elaborated his ideas.

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2. *The Texas Cattle Plague, or Spanish Fever.*

Cause of the Disease.—Western drovers attribute the disease to the poisonous properties of the large ticks called *carapatos* found on the cattle; these which were introduced by the cattle from Texas which appear not to suffer much from them. The northern cattle being more delicate and irritable are greatly tormented by the ticks. They fight them off, lick them or crush them with their teeth, and thus get the poison into the stomach where it acts as a poison. It is further said that the animals get them among their food, or on the grass, where the infected animals have dropped them off. Hence the breaking out of the disease in places where Texas cattle have been kept.

Symptoms of the Cattle Plague.—Dr. W. Clendenin, Health officer, Cincinnati, says: The earliest sign observed was the appearance of Texas ticks on the surface of the hide. They appear first about the folds of the udder and flanks. The skin, head, and horns become heated; the pulse is quickened, the gait becomes tottering. The secretion of milk ceases almost entirely. The general appearance and bearing of the animal are very characteristic of the disease. The head is depressed, the ears droop, the eyes are dull and heavy, and generally half-closed; the tongue becomes swollen, and, generally flabby: the flanks are sunken and contracted; the muscles of the shoulders are tremulous and jerking; the spine somewhat arched; the urine is dark and mixed with disintegrated blood, and diminished in quantity. At first the evacuations from the bowels are, for once or twice, thin and watery; afterwards they become hard and dry, and of a dark color, covered with mucus; apparently this is without pain tenesmus or rumbling, though sometimes the hardened fæces are tinged with blood: diarrhœa in a few cases, just before death.

Respiration is at first little affected; later, it becomes quick and panting, carried on with difficulty, without positive pain.

The disease generally runs its course in from two to three and a half days. The animal staggers round in a circle, then falls and expires. In one case the animal became delirious, chased the attendants in a furious manner, and had to be shot.

Post-mortem Appearances.—The hide is covered with ticks, but there are no eruptions or sores. The pith of the horns is hard and dry. The tongue is swollen, and the whole lining of the mouth and throat altered, in appearance, at points pale and mottled. The membranes of the brain are congested, and thickened. The wind-pipe and bronchial tubes are congested and filled with a frothy and somewhat tenacious mucus. The lungs are healthy, though in some parts there is extensive emphysema. The heart is generally natural, though some dark spots are found under the lining membrane of the cavities of the organ produced by extravasation of the blood. Kidneys swollen and of dark-color. Bladder natural, though containing a large quantity of very dark grumous blood urine. Liver but little changed, but the gall bladder was greatly distended. Spleen very much distended and softened.

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3. *Report of the Pork Packers of Chicago, by Mr. Richardson.*

Conclusions.—1. We have not to deal with a contagion or infectious plague, but with a form of poisoning due to the native cattle eating off lands polluted by droves of Texan steers.

2. We fail to find a single case of disease beyond the limits over which the Southern stock has been distributed, and every animal, without exception, dies on the Texan trails.

3. No system of medical treatment can be relied on conveniently applied. Plagues call for preventives, and are not among curable maladies.

4. Prevention consists in herding native stock on inclosed pastures wherever Texan cattle exist; and then not moving the Texan herds to and fro, as panic-stricken communities insist on, but keeping them well by themselves and in proper inclosures.

5. In relation to the trade in Texan cattle, which is as important for the meat consumer of the North as for the cattle producer of the South, it is obvious, from all we have learned, that during the entire winter the trade can go on unchecked, without the least danger of the disease arising among our native cattle. It is probable, however, that even in summer, under judicious treatment, Texan steers can be cleared of the poison that infects them.

Professor Gamgee who is now pursuing investigation under the general government says further: "The disease appears only in the track of Texan cattle, and remains a local disease. It is not caused by over-driving, crowding, starvation, or thirst. It is not caused by the Texan Tick as before believed by many. It is entirely different."

4. *Condition of Laborers in the West of England.*

At the Annual Meeting of the British Association for the Advancement of Science, held at Norwich, August, 1868, the Rev. Mr. Giralestone made the following report:

"Nowhere has the improvement of the agricultural laborer kept pace with that of the land-owner, the farmer, and the land itself. In the West of England the condition of the laborer is very little improved, and in some respects is worse than it used to be. Wages are low; fuel and provisions are dear; education has become a necessary of life for a family; the poor rate is so administered as to quench every feeling of independence. In the west of England an agricultural laborer had till lately only 7s. or 8s. a week, and now only 8s. or 9s. Unless he is a horse-keeper or a shepherd, he has to pay out of this 1s. to 1s. 6d., or more a week for house rent, and provide food, clothing, medical attendance, fuel, and every other necessary for himself, wife, and family. Potato ground he pays a high rent for, and fuel he seldom gets, except at the cost of as many hours of hard work in getting it as its full value. He has three pints or two quarts of cider a day, and has a portion of his wages often paid in quit, which, when corn is dear, is an advantage, but otherwise a loss to him. He is often not allowed to keep a pig or poultry, for fear of stealing food for them from his master. He works nominally ten or ten and a half hours a day, with an hour and a half deducted for meals. He is almost always, however, in reality kept a much longer time than this, and is seldom paid anything for overtime, except by bread and cheese in harvest time. Women get 7d. or 8d. a day for out-door work, with a quart of cider, and boys small sums in proportion. The men breakfast before they leave home on tea-kettle broth, which consists of an infusion of bread and water, with a little milk, if, which is not often the case, it can be got. For luncheon and dinner, which they take with them, they have coarse bread and a little hard, dry skim milk cheese, at 3d. per lb. For supper, on their return home, they have potatoes or cabbage, with a very small slice of bacon, sometimes, to give it a flavor. Butcher's meat they seldom see, except it is given to them. They are unable to lay by anything, and few comparatively belong to benefit societies. They are long-lived, but even in their prime are feeble, and at the age of 50 often crippled with rheumatism, the result of poor living, sour cider, a damp climate, hard work, and anxiety combined. There remains nothing for them, then, but parish pay and the workhouse."

Reviews and Bibliographical Notices.

1. *Moral and Mental Treatment of Disease.* Du Somneil et Etats analognes, considérés surtout au point de vue de l'Action du Moral sur le Physique. 8vo. Paris: Masson. A. A. Liébault.

This is a book concerning *Sleep and Analogous States:* but the real subject of the author is the "magnetic" sleep, or "hypnotism" of Braid. He thinks this state essentially identical with those conditions known as fascination, hallucination, and not really different from ordinary slumber.

The word "attention" fills a wide sphere in this author's scheme. When the *attention* is universally diffused the man is "*wide awake.*" When it is drawn exclusively to one point, all the vital phenomena are manifested in that organ or portion of an organ: and the mind is said to be "absorbed" or "abstracted."

On this basis our author makes a good beginning; but on following him further, we soon find him striving to stretch a fragmentary theory to account for a large number of well-known phenomena which have already been often explained. Without expecting to agree with him in everything, we did hope to find some ideas which might be turned to good use: but we see at once that his purpose is to revive a mode of treatment which is neither morally nor physically safe; and we are compelled, though reluctantly, to give him up.

2. *The Use of Tobacco, and the Evils, Physical, Mental, Moral and Social resulting Therefrom.* By John H. Griscom, M.D. G. P. Putnam & Son, New-York. 1868. pp. 37.

Professor Griscom has in this small work endeavored to give an analytical summary of the many symptoms known to have been produced on all the million provers who have been experimenting with tobacco, from Sir Walter Raleigh to the school-boy who smokes his cigar at the foot of the lowest class of the district school. In enumerating the effects of tobacco on the human system he, of course goes farther than common men would go, but his facts are facts, even if no one observer should ever happen to realize the whole of them in his own person. We take a few extracts to aid in keeping before the profession some of the effects which an extensive *proving* of this remedy may be liable to produce.

Effect on the Sight.—"The opinion has long been entertained that tobacco is a frequent cause of *loss of sight*. This diseased condition of the eyes produced by it is a species of *amaurosis* (paralysis of the optic nerve) commencing with symptoms of functional brain disease and alterations of the supply of blood to the optic nerve and retina. These affections occur in large excess in adult males, being very infrequent in women, and a large proportion of those who suffer from it have been smokers."

Insanity and Tobacco.—A paper recently laid before the French Academy of Sciences gives a large amount of evidence to show that "insanity increased in proportion to the amount of tobacco used. Thus it is said that in the twenty years between 1812 and 1832, the tax on tobacco produced 28,000,000 of francs, and the lunatic asylums of the country contained 8000 patients. Since that time the Tobacco revenue has reached the sum of 180,000,000 francs, and the number of lunatic and paralytic patients has increased to 44,000."

Immoral Effects of Tobacco.—"The irritability of the nervous system, and the depression of the mental power produced by it are very apt to result in diminished appreciation of and indifference to the moral obligations of the individual: in consequence whereof evil deeds and the neglect of intellectual and religious duties are very apt to occur.

"One of the most common and serious effects is the demand for alcoholic drinks, to satisfy the extreme thirst, and obviate the prostration of the physical functions resulting from the high temperature and the narcotic influence of the burning weed."

3. *Paralysis with Dementia.* Effects of Habitual Use of Stimulants.

Mr. SOLLY, of London, gives this case: The subject of this disease "is a man who was once as strong and healthy as any of you are; but his business was an exciting one, requiring great energy, and tasking the brain to its utmost. In order to supply, as he believed, by necessity, the waste which his mental and bodily work created, he used to take a large quantity of wine, thus adding fuel to the fire which was kindled within him. I do not mean that he was intemperate in a worldly sense; for a man may take a great deal more of stimulants than is beneficial to his organization, without exhibiting any signs of injury at the time; but of this be certain, that if you keep your brains in a state of healthful mental activity, you will take very little. The country gentleman and farmer of the old school might drink their wine, their brandy, and their beer with comparative impunity; for their brains were dormant, and their stimulants were the only stimulus their brains received. But woe to the man of intellect, the man who has to live by the toil of his brain, if he attempts to supply by fermented liquors the loss occasioned by mental labor! He may feel better for a time, but he is sure to sink more rapidly in the end. There was another habit in which my patient indulged, and which I can not but regard as the curse of the present age. I mean smoking. Now, don't be frightened, my young friends: I am not going to give a sermon against smoking; but it is my business to point out to you all the various and insidious causes of general paralysis, and smoking is one of them. I know of no *single* vice which does as much harm as smoking. It is a snare and a delusion. It soothes the excited nervous system at the time, to render it more irritable and feeble ultimately. It is like Opium in that respect; and if you want to know all the wretchedness which this drug can produce, you should read the "Confessions of an Opium-Eater." I can always distinguish by his complexion a man who smokes much; and the appearance presented by the fauces is an unerring guide to the habits of such a man. I believe that cases of general paralysis are more frequent in England than they used to be, and I suspect that smoking tobacco is one of the causes of that increase."

4. *The Opium Habit.*

It is now generally admitted that the habitual use of Opium is largely increasing in this and in all civilized countries. In former years the practice was quite frequently developed into an inveterate habit, even to the extent of insanity, by physicians who prescribed it as a palliative for cases of disease they could not cure. We are now obliged to perceive that, in addition to those who are led into the blighting toils of Opium by injudicious doctors, an immense number are driven to it by the excitements of civilized life. Men and women who are over-strained and excited by the rapidity with which events and changes whirl past them, exhaust their nerves in the vain effort to keep up perpetual mental enjoyment. A late work on Opium, published by Harper & Brothers, estimates the number of confirmed Opium-eaters in the United States at "from eighty to a hundred thousand." The victims of this fearful practice are described as "professional and literary men, persons suffering from protracted nervous disorders, women obliged by their necessities to work beyond their strength, fallen women, and in brief all classes whose business or whose vices make special demands upon the nervous system." The writer of this work says he has been a victim to the deadly fascination of Opium; that he has eaten more than a half a hundred weight of the drug, and continued in its use more than fifteen years.

The method by which he tried to emancipate himself, was by a painful struggle to diminish his daily allowance. By degrees he lessened the quantity from eighty grains per day to the total abandonment of the habit. The author is said to be "a well educated and accomplished man, about fifty years of age."

5. *Power of the Human System to Tolerate Poisons.*

The following case is given in the Army and Navy Journal, (December, 1865.)

Captain L——, now living in New-York, was born March 9, 1766.

He entered the British army October, 1789. He was with the Duke of York in the expedition to Holland; was with Lord Cornwallis, Sept. 8, 1798, at the storming of Ballymena, in Ireland. In 1801 he was with Lord Nelson at Copenhagen. He was with Castlereagh on the Mission to Prussia: and was present at the battle of Jena, Oct. 14, 1806: at Tilsit, at the meeting of the Emperors Napoleon and Alexander, June 22, 1807. He was afterwards in Portugal under Wellesley (Wellington); then at the Cape of Good Hope in 1813. In 1816 and 17 he was at St. Helena, aiding to guard Napoleon I. At a later date he encountered shipwreck, visited Australia, Tahiti and Jamaica.

In the year 1818, he says, he commenced taking Opium to palliate the pain of rheumatism. At first he took half a grain at a time; he has since gradually increased to seventy-five grains at a dose, which he has continued for many years. At one time, in Australia, the Captain took 150 grains at once. About 1863 he undertook to diminish the quantity, and has reduced his allowance to twenty-four grains per day; though he can drink a pint of Laudanum at a time. He rises at two o'clock in the morning. At six o'clock P. M. a profuse perspiration compels him to go to bed.

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6. *How Not to be Sick.* A Sequel to "Philosophy of Eating." By Albert J. Bellows, M.D., Author of "Philosophy of Eating," late Professor of Chemistry, Physiology and Hygiene, &c. "To Eat to Live" is to "Live to Eat." New-York: Hurd & Houghton. Boston: E. P. Dutton & Co. 1868. 12mo. pp. 366.

There are many books in the world of which the influence, if they be obeyed, is to *make men and women sick.* We have also many, some of which are quite respectable in size and in character, which have for their object the teaching of men *how to get well.* There are now also in the world a large number of books, which have all been telling us that we have no right to be otherwise than well. Most of us have read several of these books, so full of reproofs and admonitions, approving the doctrine though forgetting to follow it. It has still been believed, that if an instructor would come forward, who could speak in the firm tones of science and in the intelligible language of an experienced teacher, the public would certainly give heed to his words. With such credentials the present author comes before us. He proposes to reduce the much-abused art of *eating* to a science, and thus avert the evils which perverted tastes and habits have introduced: and in two duodecimo volumes he gives us first "*The Philosophy of Eating,*" and second, rules of life which propose to teach us "*How Not to be Sick.*"

Their claim to notice is based upon the accuracy of the scientific views embodied in them. Their leading features are thus presented by the author:

He begins by asserting the general principle, that the elements which go to make up the human body are providentially prepared and deposited either in the earth or the atmosphere, and that these elements are taken up and elaborated in the vegetable products into the proximate principles which are best fitted for the growth and supply of the waste of the body; "or to be eaten by animals, and be deposited in their flesh for the same purpose."

"That no elements except those thus prepared are ever allowed to enter the composition of the human system, and that even these elements cease to be capable of assimilation as soon as the herb or the flesh that contains them becomes disorganized by decomposition; becoming, in that case immediately poisonous. That these organized elements are mixed in the right proportions, varying only in their muscle-making, heat-producing and brain-feeding elements, to adapt them to various conditions in regard to climate, physical and mental exercises, &c., so that anywhere from the equator to the poles, we find food adapted to our circumstances.

"That in separating the muscle-making elements from the heating, as is done in the making of butter, fine flour and sugar, we supply the system with too large a proportion of heating elements, and not only waste a large part of those expensive articles of food, but by keeping the temperature too high, predispose to and induce most of the inflammatory diseases to which we are subject.

"That our unperverted tastes and appetites act in harmony with these laws, protecting the system from harm, promoting our enjoyment in keeping the commandments, and obeying our modified instincts.

"That the different organs and functions require different elements of food, and have the power of taking from it, while circulating in the blood, these different elements according to their requirements; and that no organ can perform its duties unless proper elements are thus supplied.

"That some articles of food contain more and some less of the elements required under different circumstances; so that by a table of analyses of the different articles, comparing them with the demands of the different organs and functions, under different circumstances, we can at any time adjust our diet to our circumstances.

"If these propositions are established—and in over two hundred reviews or notices of the book by editors or literary men, not solicited or paid for, not one of them has been controverted or denied,—there must be many important practical inferences to be drawn from them, pertaining to the choice of food for different classes of people, under their varied circumstances, and pertaining to the prevention and cure of various diseases to which we are subject in consequence of bad food, bad cooking, &c."

It is the purpose of the second of the works above named to illustrate and develop more fully these general propositions. Criticism upon any of them would be worth little to our readers. An extract on an interesting question will hand forward a few well told truths to some who will think our space well occupied.

THERAPEUTICS OF OLD AND NEW MEDICINE.—"*Why is it, that while all other branches of science, including the collateral branches of medicine, anatomy, physiology, pathology and nosology have so steadily advanced, therapeutics, that important branch which regards the discovery and application of remedies for disease, has stood still for two thousand years?*

"The reason for this anomaly in science seems to be this: We have been fumbling at the door of Nature's great medical storehouse for six thousand years in the dark, with the wrong key—one which never can unlock it."

Geology never did much while its "dead hand" held on to misinterpreted theology. Chemistry made no advances while it amused itself by chasing the phantoms of alchemy. Astronomy stood still till Galileo's telescope revealed the simple law which governs it. And medical science is drifted every where by "currents and counter currents," till it recognizes the simple law of Nature, which God in infinite mercy has given to guide it. "*Similia Similibus Curantur.*" But wherever this law is recognized the science of medicine has progressed as steadily as any other science.

Look at the materia medica of the two systems as they have been developed by the last fifty years of time. Hundreds of articles have been tested by old school physicians on the sick, and thousands of patients have been killed in the experiments, as the doctors themselves acknowledge, and not a half dozen of all the medicines have continued in general use for any consecutive ten years of practice; while every article of well-proved homœopathic medicine which was used fifty years ago is used now by every homœopathic physician. And of the hundreds of articles which have since been proved by experiment, (not on the sick, but on ourselves, thus avoiding the sacrifices consequent on old school experiments,) not one that has been fairly proved to be useful is ever afterwards condemned or abandoned.

Experience (that is experiment on the sick) can never open the treasures of medical science.

And yet this it is that has been "fostering chimerical hopes" since the world began.

The old school physicians, together with irregular practitioners of all grades of intellect and acquirements, down to the meanest impostor that vends his well-known drugs under the guise of a new name, all trust to what they call experience; and this they have done from time immemorial. But experience, as a standard for testing the value of medicine, is not only fallacious, but is the basis of all empericism, as we can readily show by a glance at its history.

Probably the first man or woman who felt a severe pain sought relief in some remedy. If relief came soon, that remedy had the credit of cure; if not, and other remedies were tried, the last experiment had the credit. Meantime Nature was making an effort to relieve the sufferer in her own way: and when relief came, who could tell whether it came on account of the medicine or in spite of it? If relief did not come, and the patient died, who could tell whether he died of the disease or the remedy?

Experiments thus commenced have been continued without any manifest improvement of system for six thousand years. Everything under heaven—animal, vegetable, mineral, or excrementitious—has been tried on some poor sick patient: thousands, and even millions have been killed by these experiments, as the doctors themselves acknowledge; and every medicine in its turn has been condemned as injurious or useless, excepting six articles, and even these are not fully admitted as specifics: Arsenic, Mercury, Sulphur, Cinchona, Iodine, Colchicum. Here, then, we have the results of six thousand years of experiments with drugs on sick people; six medicines actually ascertained to be useful in as many different diseases—one for each millenium of experiment.

"Besides these six articles of the materia medicine there is not one which is not discarded by many physicians as injurious or useless,—some schools and some neighborhoods of physicians having confidence in one set of articles, and some in another, experimenting for a while with one article and then leaving it for another."

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7. *Homœopathic Home and Self-Treatment of Disease.* For the Use of Families and Travellers. By Charles Woodhouse, A. M., M.D., late Lecturer on Medical Jurisprudence and Insanity, Hahnemann Medical College, Chicago. Rutland, Vt. 1868. pp. 180. 12mo.

> "Do not counteract the *living principle.*"
> *Napoleon I. to his Physicians.*

There has been no time during all the ages embraced within the limits of human history when men were more dependent on each other than they are to-day: and yet in all the past there was never a day in which each individual had such high notions of self-reliance. Each man thinks himself only a particle of earth independent of every other, but finds himself powerless to move one inch away from his fellow atoms.

Thus, the man who tries hardest to learn enough to be "a law unto himself," instead of finding himself so far independent that he can cut himself off from the world, soon finds that he has bound himself, by invisible bonds to the great mass of humanity; and that, just at the time when he felt strong enough to take care of himself, just then, the ties which held him fast with hooks of steel to organized human society became irresistible.

We have heard of men who proposed to teach others to become "every man his own physician," or "every man his own lawyer." Their efforts were, of course, not quite successful; but we have always seen that the persons with whom these teachers came nearest to success were the same persons for whom the public could always find the most important uses.

We now see each man and woman struggling for the individual man's, (or woman's) rights. Let each one work out the mission to which he finds himself drawn: Society is strong enough to hold him in his appropriate orbit. Medical Books for domestic and individual use have long existed; now they increase in number. and they also increase in value.

The reasons for publishing the new work now before us are modestly given by the author: Many people *will try* to cure themselves; and if they begin early and do not use dangerous doses of dangerous medicines, they will do themselves no harm. They will often arrest diseases in their forming stage. We no longer fear that physicians will cease to be called for, and the whole medical profession will be *dis*-"honorably discharged." No: The more people know of their own constitution in health and disease, the more respect they will have for the trusted medical counsellor who has long ago proved to them that he knows more than they do. "There are times indeed, when a doctor cannot easily be obtained, and when a little medicine, carefully chosen and promptly used, will save, not only a long sickness and great expense, but even life itself. It is good policy to meet disease at the threshold of its invasion, and in nothing is the time-honored adage more applicable than in sickness, that "a *stitch in time*, &c."

It is not then for the purpose of lowering the physician in the estimation of the people "that this book is sent out into the world;" and the author does not wish it understood that so small a book "will, in all cases, enable those who use it to dispense with the aid of the physician altogether.' He thinks it will more often "suggest the importance of seasonably calling upon him, while, under the directions and the treatment here advised, the treatment of disease can be commenced at once, and without dangerous delay; and should the case prove a difficult or complicated one, the need of the doctor will be seen, and his services appreciated: nor will any honorable and high-minded doctor, who is master of his business, fear the effect of this book in the hands of his patrons. If a book like this supplants him, the people, of course, can do without him, until he can do more for them than they can for themselves."

We will accept the author's apology for the publication of a book for domestic use; we only ask of him that his work shall be well performed. A specimen page will be better worth reading than a criticism. We take from page 79 an extract on "SPOTTED FEVER," or *Cerebro Spinal Meningitis.* The author's experience was extensive in the epidemic of 1864, 5 & 6.

Symptoms.—Pain in various parts of the body, joints, limbs, neck, head, and even toes. The back of the head and neck usually suffer the most pain. The neck is often stiff, and the head is drawn back to one shoulder, generally the right, but, sometimes the head may be drawn back between the shoulders. This pain in the back part of the head and nape of the neck are symptoms which the author thinks have never been wanting in any case he has seen. The eyes are set in the head, or the pupils may be dilated, one or both. The skin has sometimes a dead or numb feeling. There is, besides the rigidity of the neck-muscles, more or less paralysis, the arms or legs being fixed in various positions, so as to be immoveable. The senses usually remain for hours impaired, though, as there is often a good deal of stupor, it is sometimes difficult to arouse the patient to use his intellectual faculties. The tongue is red at its tip and edges, but the general surface is thickly coated; there may be wild delirium; pulse generally strong and quick; obstinate constipation; sometimes little sore throat; usually great pain in various parts of the body, calling forth groans, moaning and lamentation. In some cases the patients insist on dying, and will predict their own death and even set the precise time. The back of the neck and head, in almost every case seen by the author, was unnaturally hot. Sometimes the skin is very red like the shell of a boiled lobster, sometimes very pale and deathlike. It is often very sensitive. The disease, unless arrested, usually runs a fatal course." "Many died, some in seven hours from the attack. In one family five died within a few hours of each other. The average mortality of two years was compressed into two months."

"*Treatment.*—☞ Never neglect the Aconite sweat. Then give in alternation Aconite and Belladonna, and in severe cases only a half hour apart. These are the leading remedies. To ease the neck, as well possibly to aid in preventing the blood from rushing as fully to the head as it is inclined to, place at the back of the head and neck cloths wet in cold water (ice water if you can get it), and change as often as they get warm. This is an important suggestion. In one case given over to die under the old style treatment, the patient was screaming so loud from this neck and head pain, the author heard her several rods from her house. The first thing was to apply this cold application to the back of the head and neck, and then to give the Aconite sweat. A comfortable night and ultimate recovery were the results. Besides Aconite and Belladonna, some other remedies may be required. For obstinate constipation use injections: for great soreness of the skin the patient sometimes screaming if even gently handled, give an occasional dose of Nux-vomica, and bathe the body with Arnica water. Watch the throat, as diphtheria may complicate the case: if so, conform your treatment accordingly. For vomiting, give Antim.-crud. or Ipecac. Should lung fever or pleurisy appear, modify the treatment as required. Should there be much stupor, with cold skin, and sinking symptoms, give Arsen.-alb. For bloody urine, use Canth.

"In conclusion, we say *give the sweat.* If you have no Aconite, use Lobelia; if none of that, Boneset tea; if none of that, hot toddy, or any herb tea that you know to be harmless, and can be obtained. Vermonters in 1810—15 cured themselves—(the doctors failing so often the people lost confidence in them) by sweating the sick over hot water, in which Hemlock boughs had been boiled. Commence treatment at once, or death may ensue before a doctor can be obtained. Far better trust this treatment under your own administration, than to resort to other systems, which in this, as in many other diseases, have been "weighed in the balance and found wanting."

A book so small and comprehensive does not admit of analysis. Our extracts will demonstrate its claims to the respectful notice of physicians and the public.

8. *Cholera in the Orient, and its Successful Treatment and Prophylaxis, in the Epidemic of* 1865. By Dr. Cricca. Smyrna.—Knight of the Imperial Order of Medjidee, Member the Homœopathic Academies and Societies of Palermo, St. Louis, (Mo.,) Rio Janeiro, Paris, Brussels. Translated by John Davies, M.D., of Chicago, Ill. Chicago: C. S. Halsey, 147 Clark-street. 1868. 8vo. pp. 36.

The translator acknowledges the reception of the present work in French from the Rev. Dr. Patton, who obtained it during his travels in the east

It was worthy of translation and republication, though the fact that homœopathy goes everywhere, and is successful everywhere was well-known before. But it is satisfactory to receive from the land of "The Seven Churches in Asia," even from a city in which one of them was located, a book which proves that modern medical science in its most advanced manifestation is already well established there. We recognize in the author a physician, a homœopathist and a philosopher; between the north and south poles of each of these grand spheres, the greatest things, as Carlyle says, "have room."

Of the author's treatment of cholera in the epidemic of 1865 it is sufficient to say that it was *homœopathic*, and was, therefore, *successful.* The American homœopathic profession are in harmony with the truly progressive men of every latitude and longitude on all the continents and all the isles of all the seas.

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9. *Banning's Mechanical Pathology and Therapeutics.* A Rational Treatise of the Trunkal Muscles, Elucidating the Mechanical Cause of Chronic, Spinal, Pelvic, Abdominal, and Thoracic Affections, and of Bronchial and other Derangements Incident to the Clerical, Legal, and Musical Professions, with the Rationale of their Cure by Mechanical Support. Thirty Illustrations with an Engraving of the Author. By E. P. Banning, M.D. Published by W. A. Townsend & Adams, New-York, 1868. pp. 352. Price $4.

Great credit is due to the publishers for the beautiful style in which this work is brought out. The occasion and scope of the work are thus briefly stated in the preface. Under the conviction that uterine "displacements," spinal affections, and certain other maladies are but imperfectly treated, owing to the mechanical element of their nature not being clearly discerned, a series of papers on the subject was recently contributed by the writer to the pages of the "*Medical and Surgical Reporter.*" This resulted in the receipt of over twelve hundred communications from the States and Europe, earnestly calling for this work; consequently it now appears before the profession, consisting largely of those contributions revised, with its line of discussion occupying a pathological and therapeutical position between the domains of medicine and surgery, and predicated on the following proposition, namely: That the viscera are as much under the law of a primary and specific position and bearing as the bones, and that functional disturbances, requiring physical aid, may follow a violation of that law in one case as well as in the other.

In demonstration of this, only the *common sense* attribute of the professional mind has been addressed, and the work is *submitted* in the hope that more luminous pens may elaborate what has barely been sketched by the author.

The work opens with five "Fundamental Propositions," enunciating more fully the great law concisely stated in the preface, and which is the gem of the book. It then treats of "Spinal Symmetry and Deformity;" and after a few eloquent remarks on the "Dignity of Physical Uprightness," it explains the "Philosophy of Erect Posture." This we find to consist chiefly in a transverse and antero-posterior equipoising of the superior trunk over and upon the body's centre of gravity; and by the aid of mathematical law, this centre is demonstrated to be located in two lumbar vertebræ. This last is a fundamental and controlling point which is rendered apparent by a glance at figures 1 and 2. It is shown that when equipoised upon this centre, the body on both its axes is literally pressed into symmetry by and in the ratio of its own gravity, and must so remain until centripetality is broken by muscular or other disturbing force.

That when this lumbar curve is in this mathematical centre of the body, it is both the source and the arbiter of all the superior trunkal movements and bearings; and that until it either advances or retreats, the superior trunk can make no considerable motion either way without falling. From this it is inferred that the unsuspected source of both physical symmetry and deformity lies in this spinal centre, and that this is the point at which to first operate, both for the continuance of symmetry and the removal of deformity. The viscera have their normal status. They are not pendant, hanging by ligaments; they are supported and kept in the ascendant. This is effected by the proper position of the spine and an energetic condition of the abdominal and dorsal muscles. The dislocation of the viscera has its bearing upon all the functions of the body.

The physiology of the various organs and functions is shown, and the pathological conditions induced by an abnormal status is traced with the ability of a master. J. J. G. Wilkinson, M.D., of London, a high authority, writes to the author: "The unexpected light you have already given to my mind is immense. Since I translated "Swedenborg's animal Kingdom," I have read no such bits of physiology as yours. And the style is as well inspired as the truths. There is a life in both of them, and life of health, I am sure, will flow out of the practical application of your thoughts. Until I read you, the *true* rationale of uterine gravitation was unknown to me, and now I feel I must visit New-York to become personally acquainted with you and your methods, the extreme value of which my practice bears out. So thank you, my friend, for these great, good truths.

Christopher Worston, B.A., M.R.C.S.E., of Clifton, England, writes: "I believe that you have opened up to view a much overlooked field of research, which, when fully appreciated, will mark an era in the history of therapeutics."

Henry R. Madden, M.D., of London, writes: "I consider your explanation of the cause of these very common maladies (uterine displacements) the most philosophical and the best I have ever met with; and I feel confident that success *must* attend the careful carrying out of your method of treatment."

Thus it may be seen that this is a remarkable book, thoroughly scientific and practical, and will mark an era in the history and treatment of a large class of diseases which produce an unknown and often unsuspected amount of suffering, harrassing the life of the patient, giving infinite trouble to the physician and too often baffling the skill of the profession. Experience shows the futility of all means by the mouth or otherwise, which do not correct the trunkal bearings and relieve the viscera from the superincumbent weight.

To the author must ever be awarded the high honor, at this late period of the world, with all its light and knowledge, of being the first to discover and announce the true normal status of the viscera, and the physiological and pathological relations of the trunkal muscles.

The same genius which discovered the true nature and cause of the abnormal conditions, has invented mechanical means as effectual for their relief and cure as the proper physiological means are for their prevention. And the work is immensely enhanced by showing how to prevent these morbid conditions as well as how to cure them.

The homœopathic remedies are so remarkably efficacious, in curing many otherwise intractable cases, that homœopathists perhaps are in danger of neglecting mechanical means in some cases where they are necessary. It is with peculiar satisfaction, therefore, that we bring to the notice of our homœopathic brethren this great work of Dr. Banning. It bridges the chasm which has existed between medicine and surgery, and furnishes the elements of success which will be appropriated by all schools, its ground being common. Herein lies the greatness and utility of the work.

In our opinion the work is destined to be a standard in the profession, and a text-book for the student.

B. F. Bowers, M.D., 50 *West 29th-st.*

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10. *The Eastern Turkish Bath;* with its History, Revival in Britain, and Application to the Purposes of Health. By Erasmus Wilson, F. R. S., with Notes by M. L. Holbrook, M.D. Miller, Wood & Co., 15 Laight-st., New-York. 8vo. pp. 72.

A small book, but it will be much read by seekers for the Fountain of Youth. We stand back to permit a man to speak who having tried it, may be supposed to know whereof he affirms. Bayard Taylor having tried the Eastern bath at Damascus says:

"No man can be called clean till he has bathed in the East. Let him walk directly from his accustomed bath and self-friction with towels, to the Turkish bath, and the attendant will exclaim, 'O Frank, it is a long time since you have been bathed!'

"Thus we lie in perfect repose, till mind and body are drowned in delicious rest, and we no longer remember what we are. Gently, sleep lies upon our senses. As gently the clouds dissipate, and we are born again into the world. We rise, put on our garments and walk forth into the streets, instinct with new and more perfect life.

"As the Rose of the East has a rarer perfume than in other lands, so does the Bath bestow a superior purification, and impart a more profound enjoyment.

"The Bath is at an end. We rise and put on our garments and walk forth into the sunny streets of Damascus. But as we go homewards, we involuntarily look down to see whether we are really treading upon the earth, wondering perhaps that we should be content to do so, when it would be so easy to soar above the house-tops."—BAYARD TAYLOR.

11. *Books and Periodicals Received.*

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA.

HAHNEMANNIAN MONTHLY.

AMERICAN HOMŒOPATHIC OBSERVER. Sept., Oct., Nov.

THE HOMŒOPATHIC INDEPENDENT, (*Monthly.*) John Conzelman, Editor and Publisher. St. Louis, Mo. No. 1. July, 1868.

THE HOMŒOPATHIC WORLD. London.

BRITISH JOURNAL OF HOMŒOPATHY.

MEDICAL INVESTIGATOR.

THE UNITED STATES MEDICAL AND SURGICAL JOURNAL.

THE AMERICAN REPUBLIC. An Address Delivered at Parkersburg, West Virginia. By M. C. C. Church. University Press. Welch & Bigelow, Cambridge. 1867. pp. 32. 8vo.

PACIFIC MEDICAL AND SURGICAL JOURNAL.

Miscellaneous Items.

1. *Massachusetts Homœopathic Medical Society.*

THE semi-annual meeting of this Society was held in Meionian Hall, on Wednesday, Oct. 14th. Between seventy and eighty members were in attendance during the session. At 10½, A.M., the meeting was called to order by the President, H. L. Chase, M.D., of Cambridge.

The records of the last annual meeting of the Society and of the Executive Committee, were read by the Secretary, L. Macfarland, M.D., of Boston, and were approved.

The President made a brief address. He said he was pleased to see so large an attendance of the members of the Society, and congratulated them upon the continued increase of their numbers, and the rapid extension of homœopathic practice throughout the country. He urged upon the members extra zeal and effort for the propagation of the principles of their practice; and said that with fifty-four practitioners of this school in Boston alone, the medical college, for which a charter had been obtained, ought to be put into immediate and successful operation in the metropolis of New England.

The following gentlemen were balloted for and unanimously elected members of the Society: M. V. B. Morse, M.D., of Marblehead; Geo. W. Gunter, M.D., of Natick; Alonzo Boothby, M.D., of Boston.

Reports followed from the Corresponding Secretary, Treasurer, Librarian, Committees on Library, and Publication.

The Committee on Materia Medica through Dr. Conrad Wesselhœft, presented the following report:

"Two provings were received in accordance with the circulars announcing a prize to be awarded for the best proving of Dioscorea-villosa and Bromide of Ammonia. The former fills a manuscript of eighty-four pages, the latter is less voluminous, occupying about eighteen pages. These provings comprise the history of each observation, giving the pathogenesis in the natural consecutive order of the symptoms; secondly, the symptoms are arranged according to the anatomical sections of the body in the usual manner; and thirdly, a number of clinical cases illustrating the effect of the proved remedies upon the sick. Concerning the general arrangement and labor which must have been devoted to these provings your committee are glad to express their admiration, and consider the authors entitled to the thanks and praise of this society; but at the same time your Committee regret that these provings do not come fully up to the requirements and conditions entitling them to the name of prize essays or provings, since but *one person* appears as prover in each of them, it having been distinctly announced that at least five provers were required for each. Your committee would furthermore suggest that the final arrangement or *resumé* of the symptoms is not so perfect as the volume of symptoms would warrant, or to ensure sufficient practical value of the proving; furthermore it appears desirable that the author should have added to his own experience that of others scattered throughout our literature, especially regarding the *Dioscorea*, of which there is a proving in Dr. Hale's "New Remedies," containing probably all that was previously known.

In consideration of these conditions your Committee have not opened the envelops containing the name of the author; at the same time they do not wish to be understood as placing a low estimate on these productions which, it is hoped, will soon be perfected by their author and published in the annals of this society as among the foremost and best that have ever been presented."

Dr. C. Wesselhœft read a paper on Iris-versicolor, which was accepted and referred to the Committee on Publication, with the recommendation that it be published in the *New England Medical Gazette*.

Dr. Jas. Hedenberg, of Medford, Committee on Clinical Medicine, presented a very interesting report in which he had collated the clinical experiences and observations received from nine different members. He regretted that more interest had not been exhibited in this department which could and ought to be made of great value to the profession. His report was accepted, and referred to the Committee on Publication.

Dr. I. T. Talbot, Committee on Surgery, presented an abstract of a paper on the progress and present condition of surgery, which he said had made equal progress with medicine since the advent of Homœopathy. Conservative or preservative surgery is now the aim of surgeons. Under the influence of Ether, whose anæsthetic influence was discovered in our own city and hence has extended over the whole civilized world, severe and difficult operations are now successfully performed which without it would not be attempted. The object of the surgeon now is to operate *well*, not *quickly*, and long and tedious dissections can be made among important blood-vessels and nerves, such as are required in the removal of the parotid and submaxillary glands, &c., &c.

The treatment of wounds has improved greatly, and the dressing with cold water and the use of Arnica, Calendula and Hamamelis, together with proper internal medicines, gives to the homœopathic physician great aid in surgery. He referred to certain specific remedies applicable under the law of similia, such as Phyt., Sil., Hepar., Lach., and Sulph. Carbolic-acid, a comparatively new agent, is of great value as a disinfectant and deodorizer. It is also a most valuable escharotic, especially in diseases of the mucous surfaces. Sayre's splints are a great improvement in the treatment of hip-disease, by means of which the patient is allowed freedom of motion, air and exercise, instead of confinement, loss of general health, and the best result gained, an anchylosed joint. Loomis' ovum and bullet forceps were exhibited and explained.

Diagrams of improved methods of operating in *fistula* were exhibited and the causes of the frequent failure of treatment by the knife commented upon. He concluded with the hope that this Society would contribute its share to the improvement of the science and practice of Surgery.

It was voted that the entire report be accepted and referred to the Committee on Publication.

Dr. J. H. Woodbury, of Boston, Committee on Obstetrics, was unable to be present, but requested the Secretary to read a report received from E. W. Sanford, M.D., of Brookline, of a case of labor in which the vagina ruptured and the fœtus escaped into the cavity of the abdomen.

Dr. A. J. Bellows, of Boston, presented a voluminous paper on "The Application of Food to the Prevention and Cure of Chronic Diseases."

Pending the reading of this paper, the Society adjourned to partake of a collation furnished by the Boston members.

AFTERNOON SESSION.—The Society re-assembled at 1½ P. M.

Dr. Bellows resumed the reading of his paper, when, on motion of Dr. Krebs, it was voted that the further reading of the same be discontinued.

The case of Dr. Luther M. Lee was referred back to the Executive Committee.

Delegates from other State Societies were welcomed, and invited to participate in the discussions of the Society.

Dr. Sparhawk, of the Vermont Homœopathic Society, addressed the convention briefly on the condition of homœopathy in his State, which he represented as steadily increasing in popular favor. The State Society has increased in fourteen years from twenty to sixty-four members, who consider themselves pure homœopathists. The meetings are fully attended and interesting.

Dr. Morrill, of Concord, N. H., President of the New Hampshire Homœopathic Society, said that homœopathy was maintaining its favorable position in the Granite State, and the meetings of the Society were increasing in interest.

Dr. David Thayer, of Boston, who was a delegate from the Massachusetts Society to the American Institute of Homœopathy which convened at St Louis in June last, made a brief, but highly interesting, report of his visit and the progress of homœopathy throughout the West. The meeting of the Institute, he said, was very harmonious and enthusiastic, and much larger than usual. The practice of homœopathy in that section of the country was largely on the increase, and its efficacy became more and more apparent. He had assured the convention there that their next annual meeting in June, 1869, which was to be held in Boston, would be one of unusual interest, and he had promised them a cordial New England welcome.

On motion of Dr. I. T. Talbot, of Boston, the Code of Medical Ethics adopted by the American Institute of Homœopathy at St. Louis, was unanimously adopted by the Massachusetts Society.

Before the regular topics assigned for discussion were taken up, Dr. David Thayer, of Boston, spoke briefly of the beneficial effects he had found to arise from the outward application of rubber cloths in rheumatic affections.

Drs. Jones and Russell remarked that they had used the same application with advantage.

Dr. Wesselhœft inquired if the effect was not due to the presence of sulphur in its composition.

Epilepsy.—The subject of Epilepsy—its cause and cure—was then taken up for discussion.

Dr. F. H. Krebs, of Boston, spoke at considerable length on the subject. He had, at different periods of his practice, had patients with this popularly considered incurable disease, and had in two instances, he believed, effected a permanent cure. One, the case of a young woman, he had treated with Belladonna, 200th. The other, a man of twenty-seven years, he had treated with Sulphur, 200th, giving of each remedy three powders. These cases occurred some three or four years since, and as yet there had been no recurrence of the convulsions.

Dr. Gregg, of Boston, had administered Bromide of Potassium, and by this means had succeeded in preventing a recurrence of the attacks oftener than once in four or six months, while before administering this remedy the patients were accustomed to be attacked as often as once in two months.

Drs. French, of Lawrence, Pearce, of Charlestown, and Pease, of Boston, had used the same remedy prescribed by Dr. Gregg, and with the same result.

Dr. Scales of Newton had given Bell. in a case under his care with apparent good effect, for the patient had no recurrence of the attack for one year. At the end of that time another attack was experienced, Bell. was again administered, but this time with less satisfaction, as a third spasm occurred four weeks after.

Dr. Packard, of South Boston, said he had never attempted to cure a case of epilepsy, as he entertained serious doubt of the possibility of such an achievement, but he was in the habit of administering Ether to his patients at the time of the attack, which usually had the effect to relieve them promptly.

Dr. Russell, of Boston, had found Bell. 30th an efficient remedy in many cases, also Hyos. 30th. Dr. Knight, of Marlboro', said that on one occasion, while administering Ether to a patient, subject to epilepsy, whose arm he was going to amputate, a violent epileptic convulsion occurred.

Dr. Spaulding, of Hingham, reported a case characterized by soreness of the head, which he thought he had cured with Sepia 3d.

Dr. Chamberlain, of Worcester, thought that many of the cases of epilepsy resulted from onanism. He had treated one or two cases in which he had given Bell. with good effect.

Dr. Talbot, of Boston, had a case under his care several years ago, occasioned, he thought, by the habit mentioned by Dr. Chamberlain. He gave Thuja 1, with success. Another case in which enuresis was a prominent symptom, was relieved by Canth. while Bell. and Sulph. were applicable in the more common cases.

Dr. Morse, of Salem, had a patient, a married man, afflicted with epilepsy, which he thought was caused by excessive coition. The man entered the army and was absent from home a year, when he returned, completely cured.

Dr. Hayward, of Taunton, gave Sulphur, 200th, to a patient under his care, and he had no return of the attack for nine months.

Dr. Barrows, of Taunton, reported a case for which he thought *Bell.* and Sulph were indicated. He administered first Bell. 200th, then Sulph. 200th, by olfaction, during an attack, with marked relief. These remedies always controlled the convulsions. Another case, which developed during an attack of typhoid fever, was greatly benefited by Bell., 400th.

Dr. Woodvine, of Boston, spoke of parasites in the small intestines as a cause of epilepsy.

Dr. Hedenberg, of Medford, remarked upon the hereditary disposition to epilepsy, and related illustrative cases. The only case he had known to get well, was that of a young lady who was suspected of indulgence in vicious habits. She was kept under strict surveillance, and the attacks ceased.

Dr. Jones, of Taunton, had witnessed good effects from Cuprum, and from Bell.

Dr. Brooks, of Clinton, said he had treated a good many cases, but was not aware that he had ever cured one. He had given Bromide of Potassa with marked benefit.

Chorea.—The subject of chorea was next taken up, and Dr. A. J. French of Lawrence, was invited to open the discussion. He said that he had treated a good many cases and with varying results. Some of his cases had resisted all the remedies used, while others had promptly yielded to Nux-v.

Dr. Knight, of Marlboro, had given Ign. with good effect.

Dr. Packard, of South Boston, had cured a great many cases with Cimicifuga, 1st, dec. dil.

Dr. Gregg, of Boston, was in the habit of giving Stram. and Cuprum-acet. in the 3d potencies, and had seen thirty or forty cases recover under the use of these remedies.

Dr. Morse, of Salem, thought that Nux-v. was the most generally indicated and successful remedy in this infirmity. He had cured many cases with a single dose of this drug. The indication for Nux. was twitching of the jaws and the upper extremities. Hyos. next to Nux. was the most useful remedy.

Dr. Pearce, of Charlestown, had under his care a boy of very studious habits and rapid growth, who at the age of fourteen years began to show signs of chorea. The symptoms rapidly increased, and a complete and violent chorea resulted. Various remedies were administered with but temporary and partial relief. At length he was sent into the country and put at work upon a farm without medicine. In three months he returned to the city greatly improved. Another case in which pin-worms was thought to be the cause, was cured by Santonine.

Dr. Scales, of Woburn, had treated the disease with a variety of remedies and with different results. He had latterly used Cimicifuga with tolerable satisfaction.

Dr. Jones, of Taunton, said that he had found Ign. an effectual prescription in cases in which the left side was principally affected.

The last of the subjects proposed for discussion at the session was, "In what disorders met with in every day practice is *Sulphur* indicated and curative." Owing to the lateness of the hour at which this was reached, the discussion of it was quite brief.

Dr. Krebs remarked that he thought Sulphur more frequently indicated and curative in chronic maladies than in "disorders met with in every day practice." In otorrhœa he had found it an invaluable remedy, used in the 200th potency. In hæmorrhoidal affections it had done excellent service, and in chronic constipation was usually effectual when employed in the potency above named.

No other member spoke upon this question, and on motion the meeting adjourned.

L. Macfarland, *Recording Secretary.*

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2. *Report of the Session of the "Central Verein Homöopatischer Aerzte,"* (Central Society of Homœopathic Physicians,) held in Eisenach, August 9th and 10th, 1868.

The regular annual session of the above society, was favored with quite a full attendance. On the evening of the 8th of August, a preliminary meeting was held, at which Dr. Wislicenus, the president presided. Present were Drs. Kirsch, sen., Wiesbaden; Kafka, Prag; Bolle, of Aachen; Schneider, Magdeburg; Hermann, Schœningen; Ganz, Gleicherwiesen; Kirsten, Leipzig; May, Grossrohrsdorf; Dr. Krummacher, Bremen; Thilenius, Wiesbaden; Bürkner, Dessau; Elwert, Hannover; von Marenseller, Wien; Fischer, Berlin; Würzler, jun., Bernburg; Gross, Mühlhausen; Meyer, Leipzig; von Bonsanus, Moskau; von Rackowsky, Lemberg; Severin, Cannes; Gersdorf, jun., Boston; Neunhofer, Bebra; Dr. Büschgens, Crefeld; Hoppe, of Mausbach; Drs. Schwabe and Beyer, and Pharmaceutist Margraff of Leipzig.

Among the business transacted at the preliminary meeting was the election of a committee to audit the past year's bill of expenses.

The Executive committee of the Hom. Poliklinik in Leipzig was continued, and the condition of the Poliklinik was examined into.

Of the Prize questions given out at the last year's session, but one response was obtained, and this was in the therapeutical department. It was an able exposition on Bright's disease of the kidneys (Morbus Brighti), and was much approved of, by those present; but from certain technicalities the Society could not award it the prize.

The Prize themas for the following year remain the same. Attention is called to the legacy of Dr. Rummel, which enables the Society to award a prize of 125 Thalers in the Pharmacological department.

Magdeburg, Bernburg, Köln and Dresden, were proposed as places in which to hold the next year's session, and after repeated balloting, the latter place was chosen. For President during the ensuing year Dr. *B. Hirschel*, our collegue of the "*Neue Zeitschrift*," was chosen.

The Report on the result of the collection, instituted in accordance with last year's resolutions, for the purpose of funding a homœopathic hospital in Leipzig, shows a fund of about 1000 Thalers, to which was to be added the subscriptions reported at this meeting; to wit, by Dr. Severin of Cannes 320 Francs, and by Dr. Fischer of Berlin 400 Thalers.

The proposal of Dr. von Marenzeller that at each annual session a *Thema* be given out, for discussion and examination in the various local societies, was adopted. It was further moved that these local societies be requested to report results at the following session of the *Centralverein*. *Diphtheritis* was chosen as such thema.

August 9th and 10th. Regular session.

The following additional gentlemen reported their presence, viz.: Drs. Goullon, sen., Wiesbaden; Heinrich, Naumburg; Tritschler, Canstatt; as also President von Gersdorf, Eisenach; Count Schwerin-Putzer, Berlin; Dr. Krahmer, consulting Surveyor General of Mines, of Halle.

After disposal of the business from the preliminary meeting, Dr. Rackowsky took the floor and opened a debate on the prevention of Hydrophobia after bites from rabid wolves or dogs. A heated debate followed. As the result of his observations and experiments, Dr. R. claims to have discovered in *Euphorbia-sylvesteris* the tincture, 5 to 20 drops taken daily in the morning before meals, and continued for five or six days, with its additional use, a positive prophylactic and remedy. After the remedy has been used five or six days, it loses its power for good; equally powerless is the *Euphorbia* after the disease has attained full development.

Dr. Würzler now took the floor and called attention to the external use of Homœopathic remedies when mixed with Glycerin, from which he said his father had highly pleasing results in ugly-looking wounds, ulcers, &c., &c.

A debate on *Acute Articular Rheumatism* was opened by Dr. Kafka, the discussion of which was quite sharp in regard to the merits of the various remedies usually made use of.

At the request of the Society Dr. Bolle gave further verbal illustrations of his treatment of inflammation of the throat with *Merc.-sol.*

At 1 P.M. of August 19th, the session for 1868 adjourned, after which the members and invited guests wended their way to the banquet-hall, where we hope and firmly believe the annual banquet was most thoroughly and we suspect *allopathically* discussed.

(For more perfect details we crave the reader's indulgence, as we have no official reports to date.) F. S.

3. *Researches on the Innervation of the Heart, by or through the Spinal Marrow.* By Dr. E. Cyon, Aid to M. Claude Bernard, Prof. of Medicine in the College of France.

Dr. Cyon who is somewhat known to the medical profession at large, has published a paper with the above title. He has been fitly rewarded, for his devotion to medical science, or rather the science of physiology, by the *Imperial Academy of Science*, which has awarded him the annual premium for his important discovery in Experimental Physiology. Dr. Cyon in his researches and experiments has discovered that the heart has nerves of *its own*, independent of the filaments derived from the N. sympatheticus and Pneumo-gastricus. These nerves go directly from the spinal marrow to the heart, and belong to and are the property of that organ.

The first of these two nerves, emerges from the spinal column with the third branch of the cervical ganglion, and is a motor nerve, and is termed by him the "*spinal cardiac accelerator nerve.*" When irritation is applied to the nerve in the living animal, so that the nerve becomes excited, the result is an increase in the heart's pulsations. This effect can also be produced when the irritation is applied in the root of the nerve, or on the spinal marrow near the nerve. The second nerve discovered by Dr. Cyon is a sensitive nerve, arising from the spinal marrow and proceeding to the heart. Through the medium of this nerve reflex action is produced, which starting from the heart influences the capillary circulation in all the organs of the body. The importance of this discovery cannot but be most *highly appreciated.* The profession has for years been groping in the dark, uncertain as to whether the insignificant, so to speak, supply of nerves derived from the cardiac plexus constituted the entire nerve power of the heart or not, it really seemed too much to believe, and now we thank Dr. Cyon for *light* where *darkness* prevailed. Here we have an explanation of the many dark points connected with the heart's functions. On one hand we have the motive power made clear, and on the other the many phenomena of reflex influence. This will lead to the explanation of many points in the pathology and disease of the heart, and paves the way for a clearer understanding of this organ.

It pleases us to inform our readers that our able and learned German colleague Dr. *Clotar Muller* in Leipzig has had the decoration of the order of the Prussian Crown conferred upon him.

Dr. Med *Fischer* of Posen, has been appointed member of the Sanitary Council.

4. *Progress of Homœopathy. Introduction of Homœopathic Remedies in Allopathic Hospitals.*

DR. WILKS of Guy's hospital (London) said in a recent lecture: "I am beginning to use *Aconite* more largely than I have hitherto done, seeing no *à priori* objection to much of the power that is attributed to it. I do not see my way to the arrest of a disease which is passing through its several stages, as pneumonia, but I see no objection to the belief in remedies of the opiate class having the power to arrest morbid processes. That *Aconite* is used largely by Homœopathists should not allow us to be prejudiced against its adoption.

There is a story related by the late Rev. Rowland Hill to the effect that he once demanded that a hymn should be sung to the tune of a then popular air. On a remonstrance by some of his hearers, he said he did not know why the devil should have all the good tunes. I must leave you to make the application."

We see here that in one of the largest and best-known medical Institutions of the world, the use of *Aconite* is adopted in practice, and students are taught to use it; at the same time it is admitted that Homœopathists have taught the distinguished physician how to use it.

In the surgical wards of St. Bartholemew's hospital it had been before announced that *Arnica* was in use under the hands of the senior surgeon. Who taught the surgeons of St. Bartholomew's to use Arnica? Oh! they learned it from the great allopathic surgeon, *Liston.* So they did; but Liston was instructed in the use of it as he was in the use of *Aconite*, *Belladonna* and some other remedies by Dr. Quin, the first homœopathic practitioner of London: the man who was threatened with prosecution by the Allopathic physicians of London, and forbidden to practice Homœopathy "*within seven* miles of London." But this same Dr. Quin held on *in London* until he was entrusted by Queen Victoria with the lives of her children; as he was already the medical adviser of the Duchess of Cambridge.

Arsenicum was known to the medical world as a poison, as all the above were, before Hahnemann was born: but it was his discoveries and experiments and wise intuitions, and reasonings from the facts he observed himself, which showed men how to turn these deadly poisons into innocent though efficient remedies.

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5. *Homœopathy in Russia.*

A paragraph has been copied in some American newspapers from *Le Courier Medicale* which makes the following announcement in relation to Homœopathy: That in consequence of the numerous victims of homœopathic treatment, the Emperor of Russia has forbidden the practice of this system of medicine in Russia on pain of banishment to Siberia, with other penalties.

This paragraph originally appeared in *the Lancet*, and was eagerly copied in every provincial newspaper which happened to have *at least one* editor or reporter interested against the spread of Homœopathy. Daniel O'Connell once said that if a lie got ten days start the truth could never catch it. The Lancet believes in this doctrine, and we have at least *one* daily on this side af the Atlantic which has at least *one* contributor who holds this same faith. That the story was totally unfounded was known to every man of common sense at first sight. When the story reached St. Petersburg it was immediately answered. Among other communications sent towards the west, was one from a well-known banker of the Russian capital to Dr. William Bayes of Bath, England. This gentleman states that the paragraph is "utterly false: that it is entirely without foundation. And so far from any discouragement having been offered to homœopathy in Russia, the Imperial government has quite recently granted the homœopathic physicians of St. Petersburgh permission to form a medical society. The number of homœopathic practitioners in Russia is, as it is in England, constantly increasing."

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6. *Inauguration of the New Homœopathic Hospital—Nassau, Bahamas.*

Notice having been given in the Nassau Papers, the Hospital was duly opened and dedicated on Tuesday evening, July 14, 1868. The number of visitors was large. The services were conducted by the Curate of St. Agnes —Rev. J. H. Fisher, in whose district the Hospital is situated.

The physician of the establishment, W. R. Armbrister, Esq., M.D., delivered an opening address which was listened to attentively, and appeared to be fully appreciated by the audience. After prefacing his subject with a few introductory remarks, and acknowledging the encouragement and support which he had so far received, he delivered his address, of which the following is a condensed synopsis:

I wish it to be distinctly understood by the meeting generally that it is not desirable to enter into discussion regarding the merits of the different systems of medical treatment, or to compare one with the other to the disadvantage of either. All we ask for Homœopathy is that it should have a place as other systems have, and by its merits work itself into such a position that it may be tolerated as other systems are. All I ask is, that until this system has been tried and found to have failed, that then and then only should it be rejected. I practice Homœopathy, and have done so for six years; and I say that I shall ever feel proud on recollecting the day on which I threw aside all educational prejudice, and commenced a fair investigation of the apparently strange innovation in the treatment of the sick. I at one time ridiculed Homœopathy, for then I knew nothing about it; therefore I can well understand and make allowance for those who ridicule it now. It is very difficult to introduce anything new into medical use, so as to get people to believe in it, and adopt it, especially when they have made up their minds as to the absurdity of it. Medical men are prone to reject and resist any new doctrine. When Dr. Harvey tried to make the members of his profession believe in the circulation of the blood, they resisted and ridiculed him for many years, yet they were compelled eventually to admit it; and a medical man would be considered a fool now who did not believe it. Dr. Jenner for upwards of twenty years endeavored to make the profession believe in the efficacy of vaccination. He underwent more ridicule than Dr. Harvey. Yet any medical man would be ashamed now to be a disbeliever. It is not then to the medical profession that we must look for any support in a measure of this sort. The Doctors will change their ideas when they see the tide of popular opinion running against them: They must follow their patients. It is to the people that we must look for assistance in introducing Homœopathy thus publicly in Nassau, as elsewhere.

Homœopathy always holds the ground it wins. It has never retrograded one step since it was first introduced to the world nearly seventy-five years ago. Other ideas have been started, have kept alive for a short time, and have then disappeared: But Homœopathy has continued to extend. It is gradually spreading its doctrines and practice over the civilized and uncivilized world. It has never lost an advocate who has once mastered its leading principles, and the right use of its best remedies.

In England, France, Germany, and America it is making rapid strides: over 150 members of the Royal College of Surgeons, and Fellows of the Royal Societies have become converts to its doctrines, and are now in active practice in England: and other physicians, making a grand total of over two hundred and seventy-five Homœopathic practitioners in the principal cities of England are engaged in demonstrating to the people of the kingdom the truth of our principles and the efficacy of the Hahnemannian practice. It must be borne in mind that these gentlemen are highly educated: that they have been admitted to the highest Allopathic schools. Some of the old and highly honored professors of English and Scotch medical colleges have joined our ranks, after teaching Allopathy for many years; and their only motive for their change has been their conviction of the truth of the teachings of Homœopathy. There are Homœopathic Colleges and Dispensaries springing up everywhere. In England, the London Homœopathic Hospital has for its Patroness Her Royal Highness the Dutchess of Cambridge, Vice-patron the Duke of Beaufort, President Right Honorable Earl of Wilton.—But time will not permit me to mention the names of the numerous Vice-Presidents, nearly all of whom are members of Parliament and of the nobility. Statesmen and nobles of England, of all Europe, in fact, of all the civilized world have adopted the principles of Hahnemann; among them are men in every country whose intelligence and honesty nobody would be presumptuous enough to question.

In America there are five Homœopathic Medical Colleges, two of which are in the city of Philadelphia. They are all in a flourishing condition; they exist under regular charters from the States in which they are severally situated; and they are supported at an expense of several thousand pounds a year. Homœopathic practitioners in America number over three thousand, and its adherents are numbered by millions.

On Homœopathy as a mode of treating disease this is not the time or place for me to give a lecture: at some future time, and in a larger Hall, I hope to have the opportunity of doing so.

In conclusion all we ask for Homœopathy is, that our people shall give it a fair trial. Let skeptics come and watch the patients and the treatment. Every thing will be open to their examination. The advantages which we expect the Nassau Hospital to bestow upon those who strive to profit by them will be incalculable. In this district, and in the adjacent ones are many persons suffering from all sorts of diseases, but who, from extreme poverty, are unable to employ a physician or even to procure the necessaries of life; and many of these people would rather die than to go to any ordinary public Asylum. We have endeavored to-day to inaugurate a beneficent institution in establishing this Homœopathic Hospital. I trust that all who meet with us will use every endeavor to further its objects and to induce their friends to visit us often. I have not specially urged the claims of Homœopathy on your confidence; for I have felt assured that the Homœopathic system of medicine requires no argument in its support: It will root itself and establish itself entirely on its own merits.

OFFICERS.—*Hon. Wilson McCandless*, President.—Vice-Presidents: *Major Frew*, *Capt. Wm. Metcalf.*—Treasurer: *Geo. Bingham*, *Esq.*—Librarian: *Major J. M. Knap.*—Secretary: *Dr. J. C. Burgher.*

Major Wm. Frew and James B. Murray, Esq., were elected Trustees for life, by reason of benefactions of $1000 each.

The Ladies' Homœopathic Charitable Association is an auxiliary to the Homœopathic Hospital. The Ladies' Association has bought from the Hospital two free beds at a cost of 1000 dollars each, and has maintained, on an average, 14 charity patients at 3 dollars per week. Its Committees visit the Hospital twice a week and meet weekly to attend to the interests of charity patients. By one Fair for the Hospital they raised the sum of $7279.

NECROLOGICAL NOTICES.

7. CARL FRIEDERICH GOTTFRIED TRINKS, Doctor of Medicine, Counsellor of Medicine at the Saxe-Koburg Ducal Court, Knight of the Royal Order of Albrecht of Saxony, Knight of the Lucchesischen St. Ludwig's Order, &c., &c., Member and Correspondent of many Learned Societies, &c., &c.

THE name of TRINKS is known and respected by *all* homœopaths; his reputation and abilities are and were the admiration of the entire homœopathic school, and he was generally regarded with a respectful veneration second but to that for Hahnemann. But now comes the news from across the water, that *he is no more.* The life history of Trinks is but a repetition, so far as regards early struggles, of that of most truly good men. It is the same story of poverty and wanting means, contending valiantly and determinedly against seemingly and almost insurmountable obstacles, and at last ending in a *glorious triumph.*

Dr. Carl Friederich Gottfried Trinks was born in the town of Eythra, near Leipzig, on the 8th of January, 1800. His father, Daniel Gottfried Trinks, was the owner of a mill. He had but one sister, who was born four years later than Trinks. At the age of nine, Trinks attended the village school; his uncle, who resided in Leipzig, at this time perceiving the talent, which required but proper directing, that was in his nephew, undertook the preliminary education of the boy. He personally taught him the preliminaries of Latin and French, of mathematics, natural history, history, &c., &c. while Trinks himself studied Greek from an old Greek grammar, that he had managed to obtain. In 1810 he successfully withstood an attack of scarlet fever. In 1814 he attended confirmation school at Pastor Hecker's, in Eythra. At this time his uncle placed him in the gynasium at Merseberg. Here he continued his Greek studies under the guidance of one of his school colleagues. "At this time," wrote Trinks, "I soon took to my new mode of life, and strained all efforts to fill the great gaps in my education that I became aware of."

In the school, his diligence and attention to his tasks soon won him promotion, and the encouragement of his uncle. But unfortunately, at this time (1816) his benefactor and kind uncle died of a pleuro-pneumonia. His uncle who had supplied all his necessities and immediate wants, was no more; although his parents by his uncle's death were placed in easy circumstances, still the extreme economy and parsimoniousness of his mother towards him, made the acquiring of an education with Trinks a matter of extreme difficulty. His remittances from home were most pitiably small and in no wise sufficient for even a part of the most urgent necessities, and he found himself obliged to devote part of his time in giving instruction. His mother's hardness towards him may have been due to her aversion to his studying medicine as she had intended him for a miller. We pass over, a more specific description of his student life which consisted in the overcoming of many difficulties and arrive at the period where triumphant and victorious over all obstacles he receives his degree of *Doctores Medicinæ.* This event occurred on the 30th of September, 1823, after an able and successful public defence before Prof. Leune of his dissertation entitled: *De primariis quibusdan in medicamentorum viribus recte æstimandis dijudicandisque impedimentis ac difficultatibus* (on some of the principal impediments and difficulties in judging the powers of medicinal agents.) In this dissertation, he in classic Latin, exposed the source of error which theories and false experiments impose to a proper understanding of the power of remedies, the difficulties which receptability and reaction of the organism, age, sex, constitution and mode of life, the changeable character of disease, and the indiscriminate mixture of remedies, give rise to in the determination of the true power of remedies. In it we find evidence of the influence which Homœopathy exerted upon his observing intellect; in his expressed preference for proper experiments, for simplicity of prescription, &c., &c. Already in 1820, Trinks had made the acquaintance of several of Hahnemann's scholars, who were engaged in the proving of remedies, viz: with Franz, Homburg, and later with Hartmann, Langhammer and others. None, however, excited more influence upon the mind of the young student than Hartlaub, sen., with whom he formed a most intimate and enduring friendship. Hahnemann's acquaintance,[*] however, he first made in 1825 in Cöthen, subsequently he saw Hahnemann once more in conjunction with Court Counsellor Wolf in 1832. After having completed his studies in 1824 he with his friend Hartlaub undertook a tour, in which they visited Düsseldorf, Brüssel, Paris, where he was the guest of the Saxon ambassador Lord Senfft v. Pilsach; and returning crossed southern Germany to Würzburg, where they heard Schönlein, then to Naumburg, where he became acquainted with Stapf. Hartlaub now settled in Leipzig, and TRINKS in Dresden, where he had been recommended to call upon Ernest v. Brunnow. He and TRINKS were the first homœopaths in Dresden, to whom subsequently Mosdorf (a relative of Hahnemann), Albrecht, Wolf and Schwarze became added.

After being at Dresden some time, he went to Bremen for a short time, but again returned to Dresden, having been wearied by the persecutions of old school physicians, &c., &c. On his return to Dresden, his practice rapidly extended, calling down upon him and his homœopathic colleagues the envy and jealousy of his allopathic opponents, who persecuted him with carricatures and indicted him for violating the laws by self-dispensation. In September, 1827 he renewed an acquaintance of his youth in Merseburg, with Mademoiselle Auguste Henriette Uhlig who took possesion of his heart and after a proper period he married the young lady, who was an orphan, in the December of 1827. In the simplicity of his manner he avoided all ceremonies and imposing display, and in the company of a few friends at his house quietly celebrated his wedding. His peaceful domestic life, however, received a disturbance when he in 1828 at the request of Dr. Necher in conjunction with Dr. Mor. Müller at Leipzig received a call to jointly take charge of the treatment of the first spouse (Princess Caroline of Austria) of the subsequent King Frederick August II. In the same year (1828) he travelled with the Princess to Vienna, where he was presented at court, and then to Baden and neighborhood. In Vienna he made acquaintance of Marcuzeller, sen., Lichtenfels, Stifft, Bischoff and others; in October he returned to Dresden. In 1829 he was presented with a daughter, Elise. He daily devoted, in spite of great literary and practical duties, an hour for play and enjoyment with his little daughter. In 1831 his son Hermann was born to him. In 1830 TRINKS made his first visit to a meeting of homœopathic physicians at Leipzig, where he and others joined in organizing the *Central Verein Homöopatischer Aertze.* In 1836, it became his sorrowful task to mourn the loss of his beloved friend Hartlaub.

His extensive and now aristocratic practice necessitated his keeping equipage, and his reputation brought foreigners from many places to seek his skill. Often he was obliged to travel great distances, and after the introduction of the telegraph his advice and skill was in frequent demand. In 1848 he made the acquaintance of the the Grand Duke of Lucca, who subsequently became Duke of Parma, and from him he received the Knightship of the Lucchesischen Order. The deceased King of Bavaria, Max, also sought his advice, and from the Duke of Coburg he received the title of Medical Counsellor. In the year 1863, July 2d, he received from the King of Saxony the Knightship of the Royal Order of Albrecht.

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[*] At this meeting TRINKS informed Hahnemann that the primary principles of Homœopathy are to be found in Paracelsus. Hahnemann informed him, that he had never read Paracelsus

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DR. Lecormy, of Alencon, a young and diligent practical physician, died on the 18th of May, 1868, at Alencon.

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8. *The lost Art of Petrifying Animal Substances,*

MENTIONED in this number, at page 228, has now been recovered and is in constant successful use by Dr. Marini, of Florence. A correspondent of the Lancet says: "I enclose the photograph of a senator of the Italian Parliament, taken four months after the decease." He is seated in his chair, "just as when alive, his eyes retaining in an astonishing degree the vivacity of life. I enclose also the photograph of a table, the slab of which is formed of pieces of the human body,—brain, muscles, &c.,—all turned into stone, and which, when struck by me, sounded as a marble table.

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9. *Dressing of Surgical Wounds.*

M. MAISONNEUVE, Surgeon of the Hotel Dieu of Paris, employs the following dressing for nearly all surgical wounds:

Crystallized Carbolic-acid, 1 part.
Distilled water, 100 parts.

Dip into this liquid a quantity of charpie, and apply it directly on the diseased surface, and cover the whole with several compresses and an appropriate bandage. The object this treatment is to prevent the absorption of dead, putrefying or fermenting poisonous secretions from being absorbed from the surface of the wounds. As the bad cases of failure are generally caused by the absorption of these putrid fluids from the wounded surface, this anti-septic treatment destroys the poisonous fluids before they can be absorbed. In a few cases of atonic wounds, indisposed to unite, M. Maisonneuve employs aromatic wine, or a tincture of arnica, more or less diluted by water.

Dressings with simple water are now much used in Paris and in this country, and these are sufficient in cases occurring in persons in general good health, in their own homes or in hospital wards perfectly ventilated. Pure air, proper food, a cheerful condition of mind, and the suppression of all unnecessary pain are important aids in the cure of all serious wounds, as well as in other conditions of disease or suffering.

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10. *Perchloride of Iron.*

PROF. BOURGADE reported to the International Medical Congress at Paris, August, 1867, his experience with this article, which in the course of five years he had employed in ninety-five cases, some of which were serious ones.

The bad results which most frequently follow large surgical operations are the following:

Purulent infection, putrid infection, inflammation of the veins, arteries, bones, muscles, and also secondary hæmorrhage. M. Bourgade thinks all these are prevented by application of Perchloride of Iron.

The application of this article to a bleeding surface produces at first acute pain, which arouses the patient from the effects of the chloroform. This pain is soon lessened and ceases in a few hours.

The mode of applying it, is to saturate charpie with a solution of the Perchloride of Iron and apply it over the whole of the cut surfaces, including all divided tissues, as bones, vessels, nerves, muscles, &c. The solution combines quickly with the tissues, and forms a thick, firm, and adherent covering, which shields and defends all the injured parts beneath. At the end of the first week, the charpie begins to be dislodged, leaving a dark-colored surface. This is the slight eschar which comes off later, leaving a healthy red surface, already covered with healthy granulations.

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11. *Notice.*

THE subscriber earnestly requests of medical men, students and laymen, information in relation to the following points, to wit:

1. Statement of all symptoms known to have been produced by bites of the rattle-snake. 2. Percentage of fatal terminations from the bites? 3. A list of all remedies known to have been used successfully or otherwise? 4. Remedies found most beneficial; doses; modes; repetitions, &c., &c.? 5. Indian or other remedies; names of the plants, roots, leaves, barks, &c., mode of preparation and application. 6. Is it a fact, or otherwise, that there are two, three or four females to one male of the *Crotalus* genus? 7. Is it a fact that persons bitten and recovered, are every year afterward, at or about the same season, subject to illness of a character similiar to what they suffered from the bite? 8. Is it a fact that *Crotali* copulate in large bodies together and not singly? 9. Any facts going to prove the power of fascination of the *Crotali* are requested. 10. Do they or not, possess the power of fascination over animals and men? 11. Do persons having once been fascinated, (*sic*) appear afterward to be biassed, or rendered physically, mentally or, morally obliquated by such fascination? 12. Any other facts relating to the creature's nature, habits, powers, &c. 13. What medical uses have been known to have been made of the flesh of the rattle-snake; of its gall and its oil or fat, and for what diseases and with what measure of success?

Also, information as to bites or stings of spiders; locusts; rats; scorpions; centipedes; scolopendræ; bees; wasps; hornets; adders, and other species of snakes; all symptoms; effects; acute or chronic; symptoms arising from the poison from wounds in *post-mortem* examinations, dissections, &c. From handling of dead animal or human bodies; flaying of diseased animals; poison arising from the use of several species of fish; poisoning by the matter from glandered horses, and finally all possible modes and kinds of animal poisons; their symptoms very fully; cases related; cures, remedies used; cases any way germain to the whole subject cut from newspapers, old almanacs, &c., &c., sent to me are acceptable, and references sent to me as to books in which histories of cases of poisoning may be found, and in short, every species of information on the whole subject will be useful, and thankfully accepted by

SAMUEL B. BARLOW, M.D., 55 *East 21st-Street, New-York.*

12. *Nitrous Oxyde as an Anæsthetic.*

A CASE has been published by Dr. Marion Sims in which Nitrous Oxyde produced complete Anæsthesia in two minutes, and the effect was kept up for sixteen minutes. During a small space of this time Dr. Sims excised the breast of a female who returned to consciousness in less than one minute after the gas was withdrawn. There was no consequent nausea or vomiting. "Baron Larrey and other eminent surgeons were present, and were highly gratified with the action of the gas."

13. *Obesity.*

DR. WM. J. WILSON, U. S. Navy, says, the *Fucus-Vesiculosa*, or bladder-wrack, is the most reliable of all known remedies for Adiposis or Corpulency. This plant is one of the most common of the sea-weeds on the Atlantic coast. It is used as an infusion or decoction, without restricting the quantity.

14. *Binghampton Inebriate Asylum.*

THE Building is 365 feet long, three stories high, constructed with towers, battlements, built of Onondago limestone. There are at present (Sept. 1868) 80 patients, who support the expenses of the house, many have been entirely cured. The grounds comprise 500 acres, 250 of which were presented by citizens of Binghampton, the rest was purchased by the Trustees. Improvements are being rapidly made. The medical management is under Albert Day, M.D., formerly of the "Washington Home" of Boston. Patients are permitted to visit the city as often as they wish, each giving his parole of honor, and feeling that he is *trusted.*

15. *The Cattle Plague.*

THE extinction of the cattle plague in Hesse and Thuringia is ascribed to the use of *Cuprum-chloratum*, according to the suggestion of Dr. Clemens. In this country Carbolic-acid has been found the best disinfectant.

16. *Power of some Plants and Animals to Exterminate Others.*

CERTAIN native animals of New England seem to give way before those from Europe with which they are brought in contact. The Norway rat has completely exterminated the native rat of New Zealand. The English house-fly drives out the blue-fly, or blue-bottle. Some things were carried home by Captain Cook from the South Seas which English farmers now offer rewards for destroying.

17. *Tobacco and Loss of Sight.*

In the notes of various cases from Mr. Hutchinson's Clinique, at the Royal London Ophthalmic Hospital, various examples of the form of amaurosis, supposed to be due to tobacco, are now under treatment. In one of these the patient, who is a sailor, has not had any other symptom of nervous disorder. He is said to be in excellent health and has always been temperate in the use of stimulants, but has smoked very heartily.

18. *The best Styptic for Wounds, the Bites of Insects, &c., is thus Formed:*

Mix one part of Crystallized Perchloride of Iron with six parts of Collodion. The composition is of a yellowish-red color, perfectly limpid, and produces on the skin a yellowish pellicle, which retains great elasticity.

19. *Parasitic Fungi in the Ear.*

Dr. C. Robin has described before the French Academy of Sciences two species of the parasitical vegetable growth which he has observed in ten cases; four of them had it in both ears. In all these cases it existed independently of any other affection.

This auricular mushroom presents the botanical characteristics of *Aspergillus-glaucus*. These parasitic plants can grow elsewhere as well as on the human body. They grow on a lemon or an orange as well, but their color is lost by the transfer. They are obstinate in their growth under efforts to destroy them on the human body. Dr. Robin gives highly diluted solutions of Hydrochlorate of Lime or of Arseniate of Potash, which quickly destroy the germ-cells of the aspergillus.

20. *Parasitic Enemy of Bees.*

The *Acarus* or mite which destroys the bees is too small to be seen except with a good magnifying glass. M. Duchemin thinks the mite originates on the sun-flower, and therefore advises that this fine plant should not grow near where bees are kept.

The *Acarus Parasiticus* is a mite which lives on the bodies of flies. Raspail, a French naturalist, thus describes it: "It is of a carmine color. Its whole body seemed like a large and long belly, with four pair of very sharp paws, concealing themselves under this belly near the mouth. It attaches itself to the fly near the insertion of the wings and below." He saw four on a fly he was inspecting. Of each the posterior part was only seen. "I put the fly under a watch-crystal, where it died in a couple of hours, no doubt for lack of air, motion and nourishment. Some minutes before the fly died, the mites left their prey: for parasites who live at the expense of beings full of life and health, make haste to leave them at the first indication of sickness or death.

21. *The City of New Haven*

HAS now a population of 50,000 or more. It lies on a plain only a few feet above the level of the tide-water. Its only outlet to the sea is a shallow harbor five miles in length. It has no natural advantages for good drainage, and up to the present time there are no indications of any systematic effort to supply the deficiency. Public water has recently been introduced, and the free use of this on the streets and about dwellings, with a proper system of drainage, would undoubtedly conduce to health, without such a system it does exactly the reverse. "It is true that a few (not more I think than two or three) of the main streets have sewers for taking off the surface-water and such wastage as occurs along their lines, but these have been only very partially availed of, so that all the filth, garbage and exuvial matter of 50,000 people goes into the soil to come back as miasma. Fevers and dysenteries are common. Contagious diseases are not easily checked. Fever and ague is by no means so rare as it once was, and that this state of things is growing worse is undeniable." (*Nation.*)

22. *Experiment on the Head of a Decapitated Man.*

DR. BADER gives in the *Revue Populaire* of Paris the following experiment by Dr. Claude Bernard:—Oxygenized blood was injected into the arteries of the neck immediately after the man was beheaded. Warmth and sensibility began to return; the eye became animated and displayed such strong perception "that a hammer shaken before it caused it to wink and look sideways."

23. *Cyanide of Potassium.*

THIS article much used by photographers, produces painful ulcers and other troublesome symptoms. These bad effects are cured by rubbing the hands, when soiled with it with a mixture of Proto-Sulphate of Iron reduced to a fine powder, and Linseed oil.

24. *Cholera Fungus.*

DR. SANDERSON reported to the Pathological Society, of London, on Thomé's specimen of cholera fungus, taken from vomited and alvine matter. After cultivation of the growth on a lemon for seven days, it consisted of spheroidal corpuscles one-forty-five-hundredth of an inch in diameter, cylindrical bodies one-twenty-five-hundredth of an inch long and one-five-thousandth wide, and mycelial filaments, an earlier stage of some higher form. It is concluded that the spheroidal bodies, identical with the micrococci of Hallier, are produced in the cavities of the cyst-like bodies described by Dr. Budd, in 1849. Thomé's fungus is believed by Hallier to be analagous to the oidium-lactis of Fresenius, of which penicillium and anchyla are varieties.

25. *Opening of the Homœopathic Medical College.* Introductory Lecture by J. W. Dowling, M.D.

The opening exercise of the New-York Homœopathic College took place in the College building onThird Ave., corner of Twentieth-st., Oct. 13, evening. The attendance was large, and many of the most prominent physicians of the city were present. Dr. J. W. Dowling of this city, delivered the opening address on the subject: "The Physician—His Deportment in and out of the Sick Room," and was listened to with marked attention, and was frequently interrupted by applause. Dr. Dowling spoke, in substance, as follows:

In selecting the healing art as your occupation through life, we contend you have chosen the most noble, self-sacrificing, and honorable profession. Noble, because to be a true physician every thought, every action in connection with your profession must be noble in its character. Self-sacrificing, because the life of the physician is one continual sacrifice to his fellow-creatures. Honorable, because without honor it would be impossible for you to be a physician with the lives and, what is dearer still, the character of your patient entrusted to your care. It seems to be a matter of discussion between physicians, lawyers and clergymen which profession is most honorable. A good clergyman is a ministering angel to the soul. A good physician is a ministering angel to both soul and body. Who, at the bedside of a dying patient, has more influence than a physician in whom they have learned to trust; whose footstep has become familiar, whose kind and soothing words have buoyed them up from day to day during months of pain and suffering; whose very presence has been like a gleam of sunshine to them. Not even the clergyman can offer the consolation and comfort to a bereaved family that he can. His heart, if hard by nature, becomes soft. It is a common idea that the surgeon, from his constant association with suffering, becomes so hardened to it that the groans of his patients are unheard. No; their welfare is nearest his heart; and although he may appear indifferent to their cries they enter his bosom like poisoned arrows. The physician is the friend of his patient, he is always ready with sympathy and advice. His influence is unbounded. To him are entrusted secrets which could be communicated to no other living person. The physician is deserving of respect, esteem, and gratitude. When I speak of the physician, I discard unprincipled men, quacks, charlatans, all who, only for the love of gain, have prostituted our noble profession. I say he is deserving of respect—he is respected. There is no society either in this country or abroad too good for him. Kings, queens, lords, and nobles are compelled to hold friendly communication, to open their hearts to reveal their secrets to him. He is esteemed for he is an educated man. The physician who has mastered his profession is learned in one of the most intricate and beautiful of sciences. He is deserving of gratitude, but it is not always awarded; when it does come it is far more acceptable than fees or glory. I have derived more happiness from the successful attendance on a patient when a simple pressure of the hand, a tear and a God bless were the only reward, than from the largest fees. It is all important that you should embrace this, to many lost, opportunity to profit by the teachings of your professors. The time will oome when you would almost be willing to give your existence, for the friendly counsel of one of them. The speaker, in relating an incident of his early practice, said: "I was left alone, and in the absence of other conusel I am not ashamed to say that I asked counsel from above.

Alone in my office I got down on my knees and asked God to crown my efforts with success. What would I not have given for a few words of friendly advice. In a few short months many whom I see before me will start into the world joyful, hopeful, imagining that now, as they have obtained that license which has been the brilliant star to which for three long years they have been looking forward, they have nothing to do but to plant themselves anywhere in the midst of a civilized community and realize that success which their ability should demand. I have no desire to discourage, but if such is your expectation, many will be doomed to bitter disappointment. The trials through which a young physician is often compelled to pass cannot be understood, till experience—that bitter teacher—has taught him. My province to-day is not to teach, but merely to tender a little advice derived from my own experience in practice. The conduct of the physician is more carefully scrutinized than that of any other member of the community. Your success in life will not depend alone on your ability as a physician. Be attentive to your office, never be caught by friend or patient idle. Above all things, establish a reputation for temperance. If you drink wine with friends at the table, always manage to be the sober one of the party. Nothing is more dreaded by patients than entrusting themselves or the lives of their family in the hands of an intemperate physician. It will do you no harm to be connected with a religious society, but never allow yourself to be called from the church on professional business. I passed through that ordeal once, and I firmly believe the sensations I experienced on leaving that sanctuary with several hundred pairs of eyes gazing upon me, have done more to keep me from the house of worship than the duties of my profession. Some have an idea that the physician should wear a stiff white cravat, or carry a gold-headed cane. Neither is necessary. Nine-tenths of the services required of physicians are rendered to women and children. Then cultivate a fondness for the little ones; admire them on every occasion; learn to handle them gracefully. By so doing you gain an important point, and establish yourself high in the estimation of the mother. It would perhaps be better for your success that you be married, but consider well, gentlemen, before you enter into any such engagement. A single man need never doubt his being able to care for himself; but it is not uncommon for the prospects of young physicians to be ruined in many instances, obliging them to abandon their profession by taking on themselves matrimonial responsibilities without due consideration and thought. In your dealings with patients be genial and kind. Never appear annoyed at being disturbed from your rest. Patients, as a rule, feel delicate about calling up a physician at night. Therefore when you are called go, and go cheerfully. The physician must be a close student of human nature. In your dealings with professional brethren be honest. Never speak or insinuate ill of a brother practitioner, even if he differs from you as to practice—speak well of him. It does not follow because we disagree as to the proper mode of performing our duty that, socially, we should not be friendly. Never, under any circumstances, reveal the secrets of the sick-room, not even to your own wife, and never betray the trust of a confiding husband or father under any pretence or under any pressure. Never shock a young and modest woman by any inquiry which can be answered by the mother or nurse. Woman is modest by nature; and, although she may lose some of her innate diffidence by commingling with society, yet the physician will obtain her confidence and respect better by a reserve of this kind than by bringing the crimson involuntarily to her cheek by some unnecessary or perhaps indelicate question. Dr. Dowling occupied about an hour in the delivery of his interesting address, which was made still more interesting by the introduction of many pertinent anecdotes; and at the close he was earnestly congratulated by the professional and private gentlemen present.

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ARTICLE XLII.—*The Parasites of the Human Body. A Study.*

By S. LILIENTHAL, M.D., of New-York.

ROBERT HAMILTON remarks: "The question as to the fungoid origin of diseases is becoming the question of the day, and is gradually exciting amongst us an interest still very imperfectly proportionate to its immense importance. Modern investigation is fast leading us to the belief in the cryptogamic origin of many diseases." It is only within a few years, and since much attention has been given to the study of cryptogamic botany, that the full nature and importance of the diseases created by many of these parasites has been recognized. Hallier acknowledges, that medical investigators need the co-operation of men well versed in botany, zoology and chemistry, to solve the intricate questions, rising up at every step of these interesting studies. Prof. Lister of Glasgow is firmly convinced of the truth of the "germ-theory." The septic energy of the air is directly proportioned to the abundance of the minute organisms in it, hence we cannot refuse to believe, that the *living beings*, invariably associated with the various fermentative and putrefactive changes are indeed their causes.

How small these living beings are, Mitchell and Bell have shown us years ago; for the latter remarks, that the species of of fungi, commonly called "mildew or mould," is so small, as to be invisible, except when collected together in large numbers, and they are so light, as to readily float in the atmosphere, and are thus subject to be inhaled. On being planted by this means into the blood of the animal system, and when the conditions are congenial to their multiplication, disease must arise, and that they are not more wide-spread and universal, we have to thank other agencies, which are steadily at work to promote the destruction of these parasites. Dr. Mitchell of Philadelphia goes fully into the history of these fungi, comparing their size with and showing them to be in volume only one-third as large as a blood-globule. He states, that "in examining, when mixed together. blood-globules and the spores of various minute fungi, I have often seen the latter, in line along the disk of the former, when it required fourteen of them to subtend its long diameter. They were therefore at least ten times as small as the chyle-globules, which are two-thirds the size of the blood-globules. There is therefore no good reason for doubting, that the spores of fungi find their way to the channels of the circulation, as do the cells of the exanthematous disease and the virus of syphilis." Only Hallier has demonstrated since that time, that these very cells of exanthematous diseases, in fact of all zymotic diseases, are only the spores of different fungi, and we know at this day, by strict experiments, that each zymotic disease is dependent upon its own peculiar fungus for the train of symptoms which ensue, and each fungus again belongs to that genus or species, which the animal or vegetable life of the country where it grows, tends to produce, so the pleospora herborum Tub., produces the pox, which affects sheep, or the Torula rufescens Fres. the cowpox-virus; measles owe their origin to the Mucor mucedo Fres.; but as we intend to extract more fully from Hallier's researches, let this suffice for the moment. These thorough researches have apparently settled the question about the animal or vegetable origin of zymotic diseases, although Dujardin and others acknowledge still the great difficulty of distinguishing the lower forms of animals from the corresponding forms of vegetable life, inasmuch as fungi differ greatly from flowering plants in their chemical influence on the air and in their odors. It is well-known, that fungi absorb oxygen and exhale carbonic acid, performing the same office in this respect as animals, which they most resemble in chemical composition, being highly azotized. The odors they emit in decay, are more like putrescent animals than when issuing from vegetable matter; but as they have been traced by numerous observers through all their metamorphoses, from the infinitesimally small spore to its growth into a perfect plant, we have to acknowledge them as belonging to the vegetable kingdom. From cellular pathology we cannot expect any elucidation, for the basis of all vegetable and animal structure is cellulose, but we ask again, what are the differences between putrefaction and fermentation? Take, for example, one of the severest diseases, the malignant carbuncle, of which most authors agree, that the germ of the disease consists of an animal poison, usually contracted by man from cattle and by their remains; still more recent researches have again shown, that certain weeds are perfect poison to cows, whose milk receives thus poisonous qualities, although they themselves might not suffer; and the meat of animals not previously known to be diseased, has caused malignant fevers in man. Such milk has been examined, and fungi in large quantities found to be the cause of the infection On the contrary, Virchow found in the thin fluid foul-smelling secretion of a large putrid ulcer a great many infusoria with a nearly total want of pus-corpuscles; yet the residue after the spontaneous evaporation of the secretion gave the penetrant smell of foul cheese, which passed off by the addition of alkaline bases, but was easily reproduced by mineral acids. Are such infusoria again the cause of ichorrhæmia? We cannot rest satisfied any more with such statements that diseases are only local expressions of alteration of the blood, we must know also, what caused this alteration and in what it consists. Difficulties rise up at every step of a thorough examination, which time and patient investigation only can solve; and perhaps there will still be found transition forms, which span the way not only from one genus to another, but also from the vegetable to the animal kingdom, having properties of each in common. Darevier is right, when he says, that variations, so slight as not to form distinctive features of classification, are constantly occurring in the reproduction of both animals and plants.

We may be allowed now to make short extracts from Prof. Hallier's parasitologic researches (Leipzig, 1868), as they cover a great part of the ground. He found in the blood of patients suffering from typhus petechialis the micrococcus of of rhizopus nigricans, Ehrenb. The infection with the micrococcus can take place by decaying fruit, by decaying vegetables of all sorts; especially of the juicy kind, but also by fæcal masses. Although an infection through privies is therefore possible, yet spoiled vegetable food is more frequently the cause of the typhus exanthematicus.

In typhus abdominalis Hallier constantly found two fungi, namely, rhizopus nigrigans, Ehrenb. and penicillium crustaceum fr. Both these fungi stand in remarkable relation one to another. Whereas in the blood the micrococcus of the rhizopus appears only sparingly, the small cellular one of penicillium is found there in by far larger quantities; the contrary is the case in the contents of the intestines, where the micrococcus of rhizopus appears in enormous, far preponderating quantities. According to his judgment the large cellular micrococcus of rhizopus is the first peculiar cause of infection with the fungus. The rhizopus micrococcus clears the way for the small cellular one of penicillium in the vascular system, where the former can only pass in in small quantities. We find therefore in the blood only solitary rhiz.-micrococci, known by their brownish color, whereas the colorless penicil-micrococcus preponderates in the blood.

The case stands most probably thus, that the rhizopus or rather its spores reach the intestines, there they forms micrococcus, which produce such a destruction or alteration of the tissues, that it is possible for the small cellular micrococcus of penicillium, which are always present in large quantities in the intestines, to reach the bloodvessels. The cause of ileotyphus distinguishes itself therefore from that of exanthematic typhus not in the specific nature of the fungus, but in the manner of its reception. In ileotyphus the micrococcus of rhizopus reaches the intestines, to produce destructions there; in typhus exanthematicus the micrococcus of rhizopus is admitted by the lungs and carried to the blood. In ileotyphus the duty of decomposing the blood is imposed on the micrococcus of penicillium, in exanthematic typhus on the rhizopus. This result coincides with clinical observations, that the ileotyphus is caused by the impurities of drink-water and of food caused by the micrococcus of rhizopus, reaching the soil through permeable sinks, drains and canals, and reaching thus the drink-water.

The exhalations of privies have only an indirect part in the infection with the contagium of ileotyphus, whereas in exanthematic typhus these exhalations of the human fæces, of spoiled bad food, of putrefying vegetable or animal bodies, are the cause of the infection.

Prof. Gietl, of Munich, considers the enteric typhus a disease of specific putrid intoxication. The stools are the carriers of the poison; their further decomposition and putrefaction seem to unfold the poison and favor its spread. Where dejections fall, infections are possible. Neither the cleanly kept body of a typhus patient nor his corpse can infect. The germinating power of the poison is of great length of time.

In cholera nostras and cholera asiatica we find two different fungi. The former is caused by the micrococcus of penicillium crustacum fr., and mucor racemosus fres, whereas the asiatic cholera is caused by the urocystis oryzæ. The micrococcus of these fungi is always found in large quantities in the dejections of cholera patients, but a full developed fungus is only accidental and not necessary for the production of cholera.

The micrococcus of cow-pox is so small, that by a thousand times linear magnifying power it appears only as a point. The torula rufescens fres. furnishes the micrococcus of cow-pox. We consider it important enough to mention that this fungus is frequently present in the milk, that it appears nearly constant in the colostrum in its micrococcus. In the colostrum of the hog the micrococcus of torula rufescens fres. is also frequently found. Now, as cow-pox is hardly ever found in male cattle, and as they are not frequent even among cows, and then only observed on the udder, we may surmise that the cows give themselves the cow-pox through their milk. Such an idea is supported by the observations of veterinary surgeons, that the cow-pox breaks out mostly shortly after lying-in.

It is remarkable, that the morphological result of cultures made with variola virus and cow-pox virus give the same results, which is of great practical moment, as it explains in a simple manner the effect of vaccination; for if cow-pox and variola are produced from one and the same fungus, then the protection against variola means only that the vaccination with the disease protects against the disease (?), supposing that the micrococcus is the contagium. The whole secret of vaccination would then be reduced to the axiom, that variola affects only rarely the same person a second time.

In searching for the cause of measles we proved again that the micrococcus of a fungus adheres steadily to its specific peculiarities, and that we can produce from it only that species, even frequently only that generation which cultivated it. The mucor mucedo fres. is found on manure, human as well as animal, and it is therefore probable that the contagion with the fungus of measles takes place on privies, where the micrococcus of mucor mucedo fres. can be found in large quantities, and will be therefore easily inhaled.

So far Hallier for the present.

Investigations among all nations in the causes of disease have proved incontestibly that rank vegetation, stagnant waters, a polluted atmosphere, or one damp and reeking with the products of decaying animal and vegetable matter, water contaminated with heaps of human ordure lying round it, are more or less characteristic causes of disease. Martin, in his work on "Tropical Climates" adopts the conclusion, that "for producing malaria it appears to be requisite that there should be a surface capable of absorbing moisture, and that this surface should be flooded and soaked with water and then dried, and the higher the temperature and the quicker the drying process, the more plentiful and the more virulent is the poison that is evolved. The exhalations from such surfaces produce a poison often so intense, that a few inspirations of the air in which they are diffused are capable of producing death. Here where cultivation is yet in its minimum, where civilization with its sanitary influence had no power yet to make itself felt, we are able to see all zymotic diseases in their full fury; in the jungles of Asia or in the swamps of Central or South America cholera and fevers strike their shafts with more deadly virulence; but in our more temperate and cultivated climates, sanitary measures can do and have done much to alleviate disease and even to suppress malaria. Let me give you this as an example:

Pettenkofer relates that on the plateau of the Swabian Jura are two royal studs, Bergstetten and Neuhof, one about six miles distant from the other. In Neuhof typhus broke out among the horses and remained limited to that place, although the intercourse between the two studs remained uninterrupted. When the disease had lasted already over a year, the director, Count Lerchenfeld, requested the doctor to come up from Munich and examine into the cause of the epidemic. Situation, state of the soil, stalls, feeding, and treatment were alike in both villages; the only difference was in the state of the subsoil water, which in Neuhof averaged 2⅛ inches, in Bergstetten 5 to 6 inches under the surface of the ground. Pettenkofer advised, instead of all treatment, to evacuate Neuhof for a time, and to put all through drain-pipes at such a depth, that the subsoil water stood as deep as in Bergstetten. This expensive advice was carried out to its full extent, and the disease which had played such ravages among the valuable animals ceased entirely, and when the studs returned, they remained as healthy in one place as in the other.

Prof. Vogel examined the drinking water of several pump wells in Munich, and found it so much impregnated with organic matters, that to disinfect a litre of water 10 milligrammes supermangan.-acid were required. Gietl showed now, that the large quantity of organic substances in the wells of Munich was caused by the faulty arrangement of the aqueducts, sewers, privies and other public institutions, and how the infections of the wells with organic substances produces an infection of the houses with typhus. He proved clearly that the typhus in Munich is independent of the climate, of the soil, and of the water, and the best proof of it was, that typhus has decreased wonderfully in that city since sanitary measures were better carried out.

Prof. Buhl had frequently observed during the typhus epidemics raging formerly in Munich, that as long as the subsoil water was rising (*i. e.* in motion), the totality of patients dying of typhus decreases, but as long as it is steadily falling (remaining without motion), the typhus is on the increase. Typhus, therefore, does not stand exactly in proportion to the niveau of the underground water, but in proportion to its motion. The duration and the swiftness of its motion contains the measure for the intensity and extensity of the typhus. The quicker, deeper and more lasting the subsoil water sinks, the more intensive and extensive the typhus epidemic will rage, and will last for a great while; the quicker and higher it rises, remaining then at the same height, the quicker the epidemic will cease, although it will reappear with every autumn as long as the causes of its reproduction are not fully removed.

Dr. Snow's work is full of such examples. He cites cases where the origin of the disease could be traced to the direct communication between the cistern of the water drunk by the inmates and the pipe of a water-closet. Dr. Sutherland remarks also, that much of the evil resulting from the close proximity of rivers and canals proceeds from the infiltration of the subsoil; moreover, when we consider that the well and the cesspool are generally in the same yard in country places, and often close to one another, the admixture may occur through a porous soil and thus occasionally explain the occurrence and spread of disease.

Gietl considered already in 1831 the cause of the cholera a specific poison of organic nature, emanating from the human ordure, after passing through a peculiar process of fermentation. This poison is developed during the decomposition of the characteristic rice-water discharges, but only at a particular stage of that decomposition, not immediately after its formation in the body or after its discharge, nor after the decomposition has gone to a certain length. After its inhalation in persons predisposed to it, it takes its seat in the mucous membrane of the alimentary canal, and spreads hence its destructive agencies, and the patients are apt to spread the disease wherever they pass their stools. There is no *genius epidemicus* for cholera, typhus or any other such disease. Wherever they are found, we ought to be able to trace them to their source and extirpate them.

Another question, when is this poison most dangerous to human life, finds a more ready answer. All authorities agree that the majority of seizures of malarious fever, cholera, plague, intermittents, may they appear as fevers or as affections of the nerves, appear mostly between midnight and morning. Dr. Hall, of our Western States, said years ago: "During the whole twenty-four hours, the hours including sunrise and sunset are the most pernicious to health, and more particularly so in southern latitudes. The night air from nine at night until an hour before sunrise is comparatively inocuous; at the setting of the sun there is more or less chilly dampness in the air, and the malaria which the warm sun rarified during the day and carried upwards half a mile or so, begins to cool and condense, and rests within five to ten feet of the surface, where it is breathed freely. In the morning, also, the first rising of the sun causes it to ascend from the earth, slowly at first, when it is also breathed, and being taken on an empty stomach, it has a still worse effect. The cause of this Dr. Wm. Addison fully explained by showing that, though terrestrial effluvia are certainly as abundant in day-time as at night, still when the sun descends below the horizon, every portion of the earth's surface cools by radiation, but as this radiating property is very different in different situations and on different surfaces, great variations are occasioned in contagious places, not only in the temperature of the air, but also in the amount of condensation of vapor, more mist, more fog, more dew appearing, where radiation is greatest; all these are the effects of the night. Dr. Wells has observed in clear and still nights a difference of 30° F. between the temperature of good radiating surfaces and that of the air some height above them, so that the leaves of trees have been often found quite dry, where the grass of an adjacent meadow has been loaded with dew. Practical experience has corroborated this in disease, for an elevation, sometimes only of a few feet, has been found a security against the miasma. Hunter, Lind and others warn against the danger of sleeping on the ground floor, and all physicians in large cities are well acquainted with the tenacity which diseases take on with patients living in basements. With respect to cholera it has been found, that the number and severity of the cases diminish in proportion to the altitude and level of the houses.

The form and severity of malarious diseases are again in proportion to the sun's rays. Whereas under a tropical sun malaria produces most violent continued fevers, we find remittent and intermittent fevers more prevailing in temperate climates, although the intensity of tropical diseases is greatly enhanced by debility, enfeebling the nervous system, and rendering it thus more liable to attacks, as also by the intensity of the malarious poison. Cases, where vitality is so overpowered that no reaction takes place, are frequent enough in hot climates, but rarely seen among us.

Our researches have shown us so far not only the cryptogamic origin of many diseases, but also the sources whence these diseases arise, let us examine now, how these parasitical poisons act.

Dr. Polli of Milan, a great authority on this subject, defines zymoses as diseases depending essentially on the presence of an organic poison circulating in the system, where, acting as a ferment in the blood, it multiplies itself, vitiating the animal fluids and giving rise to diverse diseases, according to the special poison in circulation, thus in one case producing variola, in another small-pox, in another puerperal fever, &c.

Two decades ago Pasteur asserted already, that instead of regarding the septic or decomposing properties of the atmosphere as due to the oxygen and moisture, the decomposing properties depend upon the universal diffusion through the atmosphere of minute organic molecules, which by their development in the blood or serous exudations in wounds, in which they are deposited, give rise to fermentative or putrefactive changes.

What then was mere surmise, the microscope in its glorious advancement has shown to be a fact, aided by its kindred sciences of chemistry, botany and pathology, and we are even enabled now, when seeing the fungi after its culture, to know, which different disease gave rise to it.

Epidemic diseases, according to Grauvogl, produce a want of power, to resist the influence of oxygen, as scarlatina, dysentery, morbilli, diphtheria, typhus, intermittents, variola, cholera, and we also add syphilis; all diseases, whose material causes are productive. Every such disease begins with a prodromal stage or stage of development of the poison, which produced it and some of them may be inoculated. Some of these diseases are contagious to the touch, in others, as in cholera, typhus, dysentery, the dejections produce new seats of infection, where the poison requires a few days for its reproduction. Another class of these poisons pass their stage of development outside of the organism. The so-called malaria needs a new development in summer, whereas in winter the intermittents recede.

The period of incubation is that, which the poison needs to increase to a certain quantity to be effective, so intermittents need a reproduction of two, three, four, eight days for its relapses, the cholera one of four times seven days, hydrophobia holds to number nine, typhus recurrens shows relapses of eight days, variola has a period of incubation of eight days, measles of fourteen days, with new eruptions on the third and fourth day.

These periods must not be confounded with critical changes, whose periodicity belongs to the human organism, they are rather *the specific expression of specific materies morbi.*

Another peculiarity of these poisons is, that they act specifically, and that their effects are alike on all persons, who succumb to its influence, showing the same pathological symptoms in every case.

Having now seen, that these poisons increase and reproduce themselves according to given periods of development, and that their effects on man are constantly the same, we may conclude *that, that which passes through certain stages of development and reproduces always its like, must certainly be a living being.*

These poisons are therefore similar to the different protozoi, fungi, vibriones, &c., which were already demonstrated in skin diseases, and which thrive the best *without any supply of oxygen.* They belong therefore to the ferments, of which Bruecke has already shown, that their organization is a complicated one.

This want of oxygen has also been demonstrated by other savans, for Schoenbein in Berlin and Boeckel in Strasburg have found a complete absence of ozone (oxygen in an active or highly electro-negative state according to Faraday) in the atmosphere during the invasion of the cholera, and that ozone reappeared, as soon as the epidemic decreased. According to Boeckel malaria always shows itself with the zero of the ozonoscope, and the same takes place, when intermittents are prevalent. Schoenbein has observed a considerable quantity of ozone in the atmosphere of Berlin during an epidemic of influenza and under a medical constitution predisposing to pulmonic affections, whereas a minus is seen, when abdominal affections prevail. Dr. Moffat of England produces ozone from phosphorus, and found that the luminosity and non-luminosity of Phosphorus is influenced by atmospheric conditions. High pressure, a low degree of temperature and wind from the north-points of the compass are the conditions of non-luminosity and also of cholera periods.

Schoenbein teaches also, that this complete absence of ozone brings forth a change in the animal organization, in consequence of which the liquids contained in certain vessels and the substances contained in the digestive tube are withdrawn from the vital action and only remain subject to the forces by which inert matter is ruled.

Schramm speaks of the same object in a different way; he observed, that the decomposing element of ileotyphus is a nitrogenous one. All ferments possess the *quality of a most energetic attraction to free or fixed oxygen;* on this their power is based, to change with a minimum an unlimited quantity of another organic body. Wherever the resistance to such influences is loosened, we observe also, that such ferments possess the power to abstract the oxygen from every molecule lying next to it, *i. e.*, to deoxydize it. The ferment of ileotyphus (the micrococcus of penicillium) after being taken in the circulation through the respiratory organs, finds the least resistance, as is well-known, in the ileum. He confirms also the opinion of others, that the ileotyphus is mostly found in those countries whose inhabitants use animal food, whereas typhus exanthematicus owes its existence rather to insufficient and spoiled vegetable food.

We have seen so far, that the zymotic poison is received mostly through the lungs and it is supposed to be multiplied in the blood. Now the action of the lungs is to inhale oxygen and to give off carbonic-acid, but when we put animals into air deprived of its oxygen, let it be pure nitrogen or hydrogen gas, they die instantly in violent convulsions. Charcoal-asphyxia is a well-known mode of suicide.

But if death is prevented, we find such persons suffering from loss of mental and bodily vigor, from dullness and confusion of mind, languor, all symptoms, also found as prodromic of zymotic diseases. According to the quality and quantity of the poison and the reactive power of the person infected, we will have light or serious cases of sickness, and if elimination of the poison goes *pari passu* with its introduction, so that it does not accumulate in the person, they will escape entirely. Experience has also taught, that every poison affects some peculiar organs preeminently, and therefore, if, according to Bernard, the deleterious action of a poison be exercised upon only one organ or apparatus of the body, the poison may be introduced into the blood without any toxic effect whatever resulting, provided in the course of the circulation the poison meet with the organ which eliminates it, *before* it comes to the organ, for which it has a specific toxic affinity. Hallier remarks on this point, that the poison does not act on all persons alike, because it does not find the disposition in every individual; for if such a disposition were to be found in the same proportion in all persons, every one living in a cholera or any other poisonous atmosphere, would necessarily succumb to it. Upon the whole every fungus, which shall attack and destroy any animal tissue, must find it prepared for its reception. Do we not see it daily in a great degree in all parasitical cutaneous diseases? The favus is well-known to be contagious, yet its artificial transfer is sometimes nearly impossible. He succeeded only once after many trials to transfer favus on his body; and the poorly-developed eruption passed off without any parasiticidal means. Others have tried the same and failed entirely. Just the same we find in the mucous membranes. We find in diphtheritis and croup forms of fungi whose spores pass continually through the bodies of healthy persons without doing any damage. On a healthy mucous membrane they never come to a development; but they germinate on inflamed and slow vegetating mucous membranes and produce quantities of progenies and of yeast. Such formations are certainly not without import for the course of the disease, and parasiticidal remedies find therefore their true application. For their development they need therefore a mucous membrane predisposed to it by cold or some other cause. Exactly the same is the case in intestinal diphtheritis, and why should it be different in cholera, typhus, &c.

Another point of accordance in the different zymotic diseases we find in their secondary affections; let us take for example Bright's disease in its lighter or severer degree of hydræmia; and we find it after scarlet-fever just as well as after cholera or diphtheria; pyæmia, septicæmia, parotiditis, phlebitis, caries vertebrarum seu extremitatum, gangrene of different parts are frequent sequelæ of any of those diseases, which we have tried to study, and are sometimes more troublesome and harder to eradicate than the original disease; furuncles, spread over the whole trunk, follow just as well typhus and cholera, as after measles and variola; pleurisy and pneumonia are sequels of cholera as well as of typhus or measles, and we may therefore conclude, that the influence of a vegetable or animal fermenting excitor is steadily at work, till the *vis medicatrix naturæ*, supported by hygienic and therapeutic aid, is enabled, to eliminate the last molecule of its deadly enemy.

Before concluding we will extract yet from Hallier's writings some notices about disinfectants.

For disinfection he considers the Sulphate of Iron a great agent. It is not necessary so much to destroy radically the formation of fungi, as rather to prevent the formation of micrococcus, in general the formation of yeast. Another good disinfectant is found in Suvern's mixture, consisting of lime, 10% coal-oil and 10% Chlormagnesium, which he prefers for places where the masses to be disinfected are in a fluid state; but if only a small part of the substances, to be disinfected reach to the surface as a solid or pap-like substance, then the fungus will continue to vegetate, and in all such cases the Sulphate of Iron is preferable, as the sour fluid is able to reach even the most prominent places.

Dr. Letheby prefers Chlorine and Chloride of lime for the disinfection of sick-rooms; Carbolate of lime and Carbolic-acid for drains, middens and sewers; and Carbolic-acid, Chloride of zinc and Chloride of iron for evacuations.

Zymotic diseases can and must be prevented. This is the business of sanitary commissions, which must have unrestricted power, for only by quick and determined action the spread of these plagues of humanity can be prevented. A rather despotic government for such a holy cause ought to be borne willingly, for the general good, the safety of the people is of a higher value, than the inconvenience, or even the hardship of a single person. Every one ought to take an interest in sanitary measures; every one ought to lend a helping hand, for at least in such a cause it is certain, that, whatever we perform, we do for our own benefit.

ARTICLE XLIII.—*Cases from Practice.—The Treatment of Fistulas.* By Dr. SÜSS-HAHNEMANN, of London, England. Translated from the "Allgemeine Hom. Zeitung," Edited by Dr. Meyer, of Leipzig.

FISTULAS in general enter into that category of diseases which tax not alone the physician's skill but his patience, and that of his patient greatly, and it is most important that the causes be thoroughly understood. The causes of fistula are divided into mechanical and constitutional. Fistulas when due to the first-named cause, do not allow of much, or no benefit from the simple use of Homœopathic remedies; but if the cause be constitutional, then Homœopathy steps in with brilliant results.

If we now turn to the examination of the various forms or kinds of fistula, we find that the somewhat common

Fistula lachrymalis is generally due to a constitutional cause, and is therefore capable of cure by such remedies as: Calc., Puls , Silic., and Sulphur.

Case I.—Mr. B. aged twenty-five, watchmaker, of a delicate build, quiet behavior, blond; has enjoyed as a general matter good health, although afflicted from childhood occasionally by glandular enlargement, which not troubling him any, were not noticed much. About two years ago he noticed that his eyesight seemed to be failing, and particularly his left eye seemed to become in addition sensitive to light. Unthinking rubbing of the eye gradually aggravated his condition more and more, until it culminated in burning pains and stitching, with violent beating or pulsating in the inner angle of the left eye. A swelling now made its appearance, which from warm water bathing evinced a tendency to break. After breaking, a pus-like discharge was given off, and this relieved the pain greatly, but as he had a constant discharge not alone from the external opening, but from the nose, and as he felt unwell generally, medical aid was sought. However none of the consulted physicians brought any permanent relief, quite the contrary, the patient daily became weaker. It was at this period that a friend recommended Homœopathic treatment, and for which the patient had a prejudice. The patient's appearance when he came into my hands, was pale and thin; felt extremely weak, low-spirited and down-cast in the room or house; in the open air, when walking, felt more cheerful and better spirited. Mornings the lids of the eyes were generally glued together, eyesight diminished, so that evenings he was unable to do any work, and if he still persisted in his work, seemed to see a rainbow ring around the light. The discharge from the fistula increased perceptibly on the least pressure by the finger. The submaxillary glands were enlarged, appetite failed entirely; obstinate constipation.

These symptoms impelled me to the use of Stannum, which was exchanged for Calc.-carb., after fourteen days, as the rainbow ring had disappeared, and the eyesight improved; the other symptoms remained the same.

After having given Calc.-carb., for some four weeks, twice a week, the discharge from the inner canthus and the nose had moderated greatly. Eyesight had improved more and more; the glands had become smaller correspondingly; the mental depression had given way, and the patient's spirit seemed more buoyant, he felt stronger, better appetite, and pretty regular bowels. Now I gave Sulphur, one dose per week and continued this some four weeks, after which I discharged him fully cured, he having been not even three months under Homœopathic treatment, while under allopathy he was unsuccessfully treated for two years.

Fistula salivalis is generally due to mechanical causes, due either to external injury to steno's duct, or else the duct is closed from calcareous deposits, &c., &c. In all of these cases a surgical interference is necessary, as either the duct must be cleared or a new passage made.

The constitutional cause, giving rise to calcareous deposit, can be homœopathically treated and cured, after removal of the mechanical obstructions in the ductus sternus.

Fistula stercorea, or anus præternaturalis, is as a rule due to mechanical injuries, and is to be surgically treated, adding such constitutional treatment as may be indicated.

Fistula ani is comparatively common and its causes may be mechanical as well as constitutional.

Indigestible and foreign substances swallowed thoughtlessly and carelessly, will occasionally in passing through the anus cause wounding of the part, and if the inflammation from this cause go to suppuration the consequence is evident.

Sometimes the patient is for a long time troubled with itching at the anus, which gradually gives rise to small swellings and tumors, these break and from the small opening suppurate and finally become fistulas. If the fistula now spread and finally become a *complete fistula*, surgical interference is necessary; if, however the fistula be *incomplete* or have but one opening the fistula can be cured by Homœopathic remedies, as the following case will show.

Case II.—Mr. P., thirty-four years of age; blond; lively temperament; has enjoyed as a rule good health. Has for some time been troubled by a slight swelling near the anus, which enlarged and exuded a thin yellowish moisture without a perceptible opening being present; at the same time he was troubled by gastric disorder, and he concluded to seek his family physician's advice, who in accordance with the here prevailing fashion, diagnosed a torpid liver and treated him most bountifully to Calomel. That this treatment was useless, and but aggravated I need not add; the patient at last concluded to cast overboard his prejudices against homœopathy: and he sought my advice. On the 2d of April I took him in charge and found him in the following condition: Appetite none; tongue strongly coated; stomach completely disordered; headache; disturbed sleep; general enervation and aversion to work, and as his business required his entire energy and devotion, this caused great mental depression; he also had hæmorrhoids, with slimy stools, burning pains at the anus, where on examination I discovered a swelling about the size of a walnut, which discharged fetid ichorous matter through a small, hardly perceptible opening. To satisfy myelf that there might be no other opening internally, I introduced the probe, giving the patient great pain, but was thus satisfied that there was but one *external* opening.

In consideration of his gastric disturbance, the peculiar slimy stools, the hæmorrhoids, the depression of spirit, and the previous abuse of Calomel, I selected *Acid-phosphoricum*, and continued it for three weeks with satisfactory results, the general condition of the patient having improved. Now desiring to act more directly upon the fistula itself, which discharged but little less, and which still inconvenienced the patient, I gave Silicea. I did not see my patient again until the 4th of June, when he informed me of his complete recovery. As I however observed a hardness of the skin and integument, I advised Silicea, 2 doses, with intervals of 14 days. To this date the patient is in complete health.

I have repeatedly treated such cases which had been operated upon without any benefit, rather *vice versa* and cured them.

Fistula urinaria with its numerous complications is very difficult of treatment, and requires in the great majority of cases surgical interference; here also the rule is good, that when arising from causes constitutional Homœopathic medication is beneficial.

Dental fistulas when arising from caries are generally amenable to *China*, *Staph.*, Sulphur, &c. In the south of France and Piermont young men, to avoid conscription, have been discovered to chew a plant, and thus become unfit for military duty. After careful examination, the plant thus chewed, and which causes caries and fistula of the teeth, is known as the *clematis vitalva*, and it has been used with encouraging result in toothache and fistulas, &c.

In conclusion, I will notice that numerous class of fistulous abscesses and ulcers which owe their presence to constitutional causes, and which can all be cured by proper medicinal treatment.

Case III.—Alfred H., age 13, of healthy but weakly build, was afflicted in his ninth year by a vicious attack of typhus. The family physician, in conjunction with another physician, treated him according to the established routine, with large doses of Mercury. Nature at last won the victory, and the boy, greatly debilitated, was relieved of his fever. Shortly thereafter the boy got a swelling on the right leg, which opened and discharged pus; at the same time a swelling made its appearance in the left axilla, which after a short time also opened and discharged profusely. Hardly had these healed, before another abcess formed on the right leg somewhat lower down than the first, which last showed a laggardness in coming to a head. In a little while after this another swelling made its appearance six inches below the other, of the size of a cent, in the middle of which a small opening formed, from which pus discharged. That *this* opening was connected with abcess higher. up was evident, for when pressure was made on one, pus flowed more profusely from the other. A large number of remedies were used, but year upon year the abscess remained. At last a celebrated surgeon was consulted, who advised laying the entire fistula open, &c., &c. But as the boy had now been thus affected for some three years, the parents believed that as the boy was extremely emaciated, he would not be able to bear an operation.

Relatives now advised Homœopathy, and I was selected. I found the boy pale and emaciated, suffering appearance; little appetite, coated tongue, night sweats, great thirst, thin and quick pulse, occasional flushing of the face; in short, a complete cachectic condition. A few inches above the knee was a small opening, surrounded by an indurated, elevated edge, from which a bloody pus was secreted. From this opening upward toward the pelvis a line or canal of about four inches length was evident, which was extremely painful on the least finger pressure. The probe which I introduced was carried up the entire canal, but caused such excruciating pain that I did not introduce it again. In addition to these there was a swelling under the left elbow joint, due to the enlargement of the bone. That the patient was laboring under the effects of Mercury, was undoubted, and I considered operating as decidedly dangerous and useless.

I prescribed a proper diet and gave *Acid-phosph.*, for four weeks, then changed to *Silicea*, and after another four weeks returned to *Acid-phosph.* Under this treatment his condition improved perceptibly. So as not to use one remedy too long, I ordered *Staphysagria* for 14 days, and then Calc.-carb., for four weeks. As the patient had contracted a cold and was somewhat troubled with indigestion, I gave him a few doses of *Nux*, and for the cough which made its appearance, *Bryonia*, which effected the objects; now again I took the fistula in hand, and again gave *Acid-phosph.*, and alternated in proper intervals with *Hep.*, *Sulph.*, and *Acid-nitri.* The boy's recovery was astonishingly rapid, his former buoyancy and youthful cheerfulness returned, night sweats had long since disappeared; and after a treatment of eighteen months the discharge ceased and the fistulous openings cicatrized imperceptibly. F. S.

ARTICLE XLIV.—*The Revelations of the Microscope.*

EVERY step in the progress of scientific discovery is observed with more interest by the physician than by any other man. Of all physicians, the homœopathist is best qualified to appreciate the importance of infinitesimal objects and substances, whether organic or inorganic.

The following condensed report of a lecture before the AMERICAN INSTITUTE by President BARNARD, of *Columbia College*, New-York, will be found highly interesting and valuable. The lecture was given at Steinway Hall, New-York, Nov. 25, 1868. The audience was large, and was chiefly composed of the most earnest promoters of natural science in this city.

After preliminary explanations of his purpose and design Pres. Barnard said: In the examination of structure, in the study of form, in the observation of the movements and changes continually going on in organic things, we presently arrive at a point at which further progress is arrested by the imperfection of our powers. More than this: while thus vainly seeking to know something of the minute organization of bodies large enough to be seen and examined in mass without difficulty, we make the new discovery that there exist many objects of a high order of interest, which, in their fully developed proportions, never attain a magnitude sufficient to betray even their existence to ordinary vision, and of which, without artificial helps, we could never know anything at all. And yet, it can easily be made to appear that on the knowledge which we may be able to attain of this class of objects must depend to a great degree the progress which is to be made in future toward the amelioration of the condition of the human race. Sanitary science, so far as there is such a science, rests at present upon principles to a great extent empirical. It is becoming every day more and more clear, that the causes of all zymotic diseases are to be sought in excessively minute and widely scattered organisms, which to ordinary observation are totally imperceptible. This, it may be further remarked, is just as true of the diseases of plants as of those of animals. The potato rot, the cotton rust, the smut of wheat, and the wasting of the vine, are just as certainly the product of microscopic fungi as the rinderpest, the epidemic among the silkworms, or the cholera among men.

To the study of objects of this kind, the microscope is absolutely indispensable. It is to the microscope indeed that we owe the knowledge that any such things exist. But supposing us to have been otherwise possessed of so much knowledge, it is still true that without this intrument we could know nothing beyond. We could know nothing of their modes of development, the conditions favorable to their multiplication, the manner of their diffusion, or the means best adapted to prevent their appearance or check their growth. This signal example of the use of the microscope I mention first, because of the magnitude of its importance, and because of the recency of its recognition. The application of the instrument to the study of disease generally, and especially to morbid anatomy, has long been familiar. So large are the services which it has thus rendered to the healing art, that, in the words of an eminent writer on this subject, "the smallest portion of a diseased structure placed under a microscope will tell more in one minute to the experienced eye, than could be ascertained by long examination of the mass of disease in the ordinary method."

To the progress of knowledge in animal and vegetable physiology, the microscope has made invaluable contributions. It has made it possible to detect nature in the very act of those transformations which are concerned in the development and growth of the living organism. It has demonstrated that all forms of organic life, however complicated, originate in the same simple form, the primordial cell, and are built up only by the multiplication and aggregation of cells essentially similar, however apparently differing. It has demonstrated also, that every complex organism, however it may possess an aggregate individuality, has nevertheless a multiple and complex life, each cell in the aggregate mass being gifted with an independent and distinct life of its own. It has revealed the existence of vast groups of organisms, vegetable and animal, which never attain a higher level than that of the the single cell, yet swarm in all the waters of the earth, and have in time past existed in so prodigious numbers, that their fossil remains at this time form, to the almost complete exclusion of every other material, the substance of great geological deposits, hundreds of feet in depth, and thousands of square miles in horizontal extent. It has revealed in these organisms a degree of varied beauty and symmetry such as is not surpassed anywhere among the more conspicuous of the works of nature. The exquisite patterns sculptured over the silicious shells by which a large class of these minute objects are protected rival the most ingenious figures executed by the engine-lathe. And the elegant forms and graceful movements of others, which seem to be endowed with vital powers of a higher order,—forms and movements which have no analogues in the world of life, with which we are ordinarily conversant—provide perpetual food for new admiration and new surprise. These things furnish to the observer who comes to the study prepossessed with the idea, that the creation in all its greatest and minutest parts has been called into being with exclusive reference to the exigencies of the human race, and with no other end but to subserve the uses or to minister to the enjoyments of man, material for profound reflection. And the pride of self-sufficiency with which he has been accustomed to regard himself as the great end of the material universe, cannot fail to receive from the contemplation of these marvellously fashioned and wonderfully lovely forms of invisible life, a severer shock than is felt even when he learns through the telescope how paltry the great earth itself, which he inhabits, occupies in the boundless universe of which it is an insignificant member. From both these widely opposite revelations he learns his own comparative unimportance, and both at the same time almost equally awaken within him the highest emotions of admiration and wonder of which he is capable. But if, in view of the grandeur of the vast celestial universe, he is oppressed and stupefied with a sense of the sublime, which is wanting when he turns his attention to the infinitely minute, there is no doubt that the feeling of simple *wonder* which these last discoveries awaken exceeds immeasurably anything which is excited by even the grandest of the truths which astronomy discloses. And the reason is sufficiently obvious. If the objects of astronomy are vast, the space they occupy is vaster still. It is difficult to lift our conceptions to a level with their grandeur, but not difficult to conceive that, however stupendous may be their dimensions, their existence is still possible; and that in the region where they exist there is room enough for them and to spare. When, on the other hand, we discover in the infinitely small organizations exhibiting the highest degree of complexity, possessing the largest freedom of motion, exhibiting the most marvelously varied forms, and existing in numbers to defy computation, our astonishment is not so much an astonishment at the minuteness of the same objects, as at the possibility that objects of such a character can be so minute. I have had an opportunity of observing the impressions made upon many minds, on a first introduction to the wonders of the heavens through the telescope, and to the marvels of minute organic life through the microscope, and in every instance the lively expressions of surprise elicited by the disclosures of this latter instrument have been singularly in contrast with the tranquil admiration excited by those of the former. This surprise is occasionally mingled with something like incredulity. The observer does not hesitate to believe what he sees, but sometimes amusingly doubts whether what he sees is really the object on the stage of the instrument, and is not, by some jugglery, concealed in the tube.

That this doubt is not wholly absurd, or at least unnatural, will be admitted when the actual dimensions of objects are stated, which appear, as seen in the instrument, as large at least as ordinary insects—as bees, for instance, as beetles, or butterflies. The *brachionœa* are among the larger forms of loricated animalcules—that is, animals having silicious loricæ or shells; and of these, the *brachionus urceolaris*, so called from its elegant urnshaped lorica, is among those most frequently met with. Of this animal more than one million individuals could be easily packed in the space of a cubic inch. But this is one of the forms which may perhaps be properly called gigantic. It is even large enough to be discerned by the naked eye—not indeed in its shape and structure, or the puzzling and paradoxical appearances presented in the movement of its marvelously delicate organs, but as an animated point rapidly speeding its way through the watery drop which forms its ocean. Of this and allied genera or families, there are, however, others which, though equally complex in their organizations, are vastly more minute. Of the genera *Salpina*, *Euchlanis*, *Monostyla*, and others, all having elegantly sculptured silicious shells, there are some of which at least 10,000,000 to 20,000,000 could find room in a cubic inch of space.

Of simpler forms of life, the minuteness is still more wonderful. The *monadina*—monads—are little spheroidal sacks having a single thread-like filament proceeding from the mouth, which seems to serve the double purpose of securing food and aiding locomotion. Different species vary in their dimensions, few exceeding the 1,000th of an inch in diameter, and some being not more than one 12,000th. The monads are commonly regarded as being true animals; although some naturalists, among whom may be mentioned our own Agassiz, have held that they are but the germs of various kinds of algæ. They are distinguished by great activity of movement, and if their movements are not directed by a manifest exercise of will, it is all but impossible for the observer to escape from the illusion that they are so.

In order that some idea may be formed of the exceeding minuteness of these objects, I will no longer suppose a space so enormous as a cubic inch to be filled with them. I will suppose a cube of only one-tenth of an inch on the edge. A little block of oak of such dimensions would weigh about a quarter of a grain. It might be represented in a bulk by a drop of water, such as I might lift on the point of my pencil. Yet within this insignificant space may be easily contained, of some of the smaller forms of these organisms, a number not less than two thousand millions—that is to say, more than double the number of the human inhabitants of the entire earth. Even this will fail to convey an adequate idea of the extreme minuteness of the objects we are considering; for such numbers as millions and thousands of millions are totally inconceivable by the mind. The names are mere sounds, which serve us for symbols in making computations, but to which it is impossible to attach any clear notions. Let me try another illustration. Draftsmen, and persons who have occasion to make use of divided rules, are aware that division finer than about 150 to an inch is with difficulty discerned. Few eyes will distinguish lines closer than 200 to the inch. Divisions so fine as 1,000 to the inch defy the keenest vision to separate them at all. A cube, therefore, having its sides only equal to the one-thousandth part of an inch, is an object invisible to the unaided human eye. But such a cube is large enough to hold not less than 2,000 of the minuter monadin.

The monads are organisms of the last degree of simplicity of structure. They interest by their extreme minuteness, and by the fact that they are living things; but neither in their forms nor their integuments do they present any remarkable degree of beauty or variety. In this respect the loricated vegetable cells called diatoms, are of much higher interest. Of these the greater portion are more or less elongated, and bear considerable resemblance, in a lateral view, to a weaver's shuttle. Others are circular or diskshaped; others still square, triangular, wedge shaped, or having the forms of simple rods. The cell walls of all these objects are silicious, though the silex is interpenetrated by organic matter which remains and preserves its form after the mineral portion has been dissolved by hydrofluoric acid. These walls are marked with the delicate and beautifully varied patterns of which I have spoken, and indestructible to ordinary causes of decay, they persist after the life of the organism has perished, and become accumulated in vast quantities wherever these forms of life abound. Diatoms are found in great numbers in all waters which favor at the same time the growth of the higher orders of vegetation, and in the ooze which settles at the bottom of all lakes and seas, the silicious shells form a conspicuous part, constituting often much the larger portion of the deposit. Some of them are of considerable dimensions, measuring the 100th, or the 200th part of an inch in length or in diameter, many much less. Of the elongated forms, the cross section hardly exceeds, on an average, the 500,000th part of a square inch, and is sometimes as small as one 5,000,000th. The slate of Bilin, in Bohemia, which is pulverized and sold extensively as a polishing powder, is made up almost exclusively of these fossil remains, of which 40,000,000,000 of individual shells are contained in a single cubic inch.

There are forms still more minute than these. Of the *Navicula radiosa* one hundred and fifty thousand millions and of the *Navicula Mediterranea* three hundred and fifty thousand millions could be contained in the same small compass. The *Navicula viridis* is the smallest of the vegetable forms of which I have the measurement; and this is so minute that a cubic inch would easily contain more than a million of millions. And the minuter monad forms of which mention was just now made, are smaller than these in the ratio of two to one.

Whether the lowest limit of organic life has yet been reached by the power of the microscope is uncertain. The *monas crepusculum*, the twilight monad, was so named by Ehrenberg, as marking, in his opinion, the dawn of life; but though among monads specific differences are not very sharply defined, there are monads now in the catalogue which do not measure in diameter more than the tenth part of the measurement given by him for the *monas crepusculum*.

Upon the process of the development and growth of living things, and of the building up of the most complicated structures from the most simple germs, the microscope has thrown a light which could have been derived from no other source. Thus, the multiplication of cells by binary subdivision, which seems to be a universal law, is a discovery exclusively due to the microscope; and this instrument furnishes us all the knowledge we possess of those acts which are essentially distinctive of vitality. From this law of binary subdivision there follows a curious consequence in regard to those beings which consist in their full development of only a single cell: for, whereas, by cell subdivision the more complicated organisms grow larger, but maintain, after all, a compound individuality still, among the *desmids* and *diatoms* every subdivision of a cell produces two distinct individuals where there was only one before. And what is true of the unicellular plants is equally true of the unicellular animals. Every subdivision of a single animal —and this process of subdivision is one which may be watched with the microscope from beginning to end—produces two animals in all respects perfectly similar, of which it would be impossible to say that either the one or the other is parent or offspring. This process among these humble forms of life is going on incessantly. As a consequence, if there be but one or two individuals in an infusion to-day, there may be thousands to-morrow. Prof. Ehrenberg, from his observations upon the multiplication or subdivision, or fissuration, of a few individuals of a single species of *paramecium*, computed that in a month 268,000,000 might proceed from a single one.

But another curious discovery has been brought to light by the microscope among these humble forms of life. The unicellular plants are generally, at least at some period of their existence, free; and not like the larger vegetables, anchored by stems for life to a particular spot. And with their freedom they possess a power of locomotion which likens them wonderfully to the animals which they so much resemble. Some of them are almost always in rapid motion; the movements of others are sluggish. But the very same thing is true of the unicellular animals; for of these, certain forms, as the *amœbas*, the *actynophrys* and the *rhizopods* execute movements which are almost insensible; while others are so restless that it is difficult to follow them with the instrument.

The motions of these minute forms of vegetable life so similate those of sentient beings, that it is not surprising that they should all have been for a time classed among the animals. But the further discovery, due also to the microscope, that the property of locomotion belongs universally to the germ spores and antheridia of all cryptogamic plants, as is beautifully illustrated in those of all the ferns, mosses, lichens and fungi, has demonstrated that this property is without any peculiar significancy. The microscope has thus traced the members of the two great kingdoms of the organic world up to a point where all other ordinary distinctions fail, and where apparently no real distinction exists. Is there, then, actually no essential or radical difference between the plant and the animal? and are the wide apparent differences between the higher forms of these organisms, only varying modes of development from the germ cells originally essentially the same? This is not by any means the case. Between the unicellular plant and the unicellular animal there is a line of demarcation as positive as that which divides the oak from the elephant. The oak derives its nourishment from the mineral world, the elephant from the organic. No animal can live on mineral food—upon earth, or air, or ashes. No plant can assimilate organic materials—the flesh of animals or the substance of other plants. The organic matter of soils, or of the fertilizer applied to them, affords no subsistence to the growing crop till by decomposition it ceases to be organic.

This distinction is as decided among the minutest and simplest of the forms of the living things as among the conspicuous and complex. All true microscopic animals, like other animals, may be seen to ingest and digest their food; and this food consists always of other animals which are their natural prey, or of the lower orders of vegetable life; while vegetables draw their support from water, carbonic acid and ammonia, and set free oxygen under the influence of the light of day. These animals, therefore, cannot live in waters perfectly pure, nor in waters which contain only mineral impurities; and a knowledge of this fact may serve to relieve the minds of those whom the unguarded statements of some writers have led to believe that all waters are at all times swarming with animalcular life. In the waters of the Croton as it reaches our dwellings, I have rarely detected any living thing, either animal or vegetable. In the examinations of this water, constantly kept up under the direction of our Board of Health, traces of life are occasionally detected; but, perhaps, it is well enough to observe here, that should any source of water be anywhere found to be absolutely, and at all times free from every indication of the presence in it of microscopic life, the presumption would be rather unfavorable to its wholesomeness than the contrary; since water which will not sustain animalcular life is hardly fit for man; and water which will do so will never be wholly and permanently without it.

Besides the distinctions here pointed out between the humbler forms of animals and vegetables, there is a second which seems to be no less characteristic. The cell-wall of the unicellular animal is single, while that of the unicellular vegetable is double. The inner wall of the vegetable cell resembles the wall of the animal cell, and is albuminous in its nature. The external wall is of the nature of cellulose, a substance never found in any part of any animal, but which has an elementary composition resembling that of starch, and in physical properties is best illustrated by the fibre of cotton. The two walls of the vegetable cell often adhere so closely as to be separated only with extreme difficulty, but there is no reason to doubt that they are always present.

From what has just been said, it will be perceived that the distinction between microscopic plants and animals is not one which is obvious to mere inspection, or, indeed, one which can be certainly detected without patient observation. And the difficulty is heightened by the fact that while we see plants exhibiting apparently all the visible characteristics of animals, we see animals also assuming the forms and singularly simulating the habits of plants. The *vorticellæ* are bell-shaped animals resembling flowers, each fixed by a delicate and flexible stem; the *zoothamnia* are flowering trees in which a multitude of ramifications proceed from a single trunk equally flexible; and though all these exhibit excessive irritability, contracting themselves suddenly on the slightest alarm, yet in this fact there is nothing to which we have not something like a familiar parallel in the *mimosa sensitiva*, or the flower called *Venus's fly-trap* among well-known plants. The *zoothamnia* also *grow* like plants, putting out new branches from time to time, till from a single individual there spring up scores, all having a separate, and, at the same time, a common life.

This plant-like mode of increase characterizes indeed very strikingly an order of animals which, microscopic, are higher than the mere *infusoria.* The *hydrozoa*, or fresh-water polyps, not only present a plant-like appearance, but put forth buds like plants, which buds become developed into perfect polyps themselves, and then separate from the parent to seek an independent life. These polyps are little animated sacks, fixed by the base, and having their open mouths surrounded by a number of tentacles, which are the organs by which they seize their prey. The power of contractility and extension of these arms is surprising. In length they exceed often enormously the body of the animal, which, however, possesses the power of withdrawing them until they almost disappear. Often from the same polyp several germs will be seen to be simultaneously springing, and these will sometimes put forth secondary buds of their own before they become separated from the parent stem.

Another characteristic of this polyp is the tenacity of its vitality, and its power of repairing any jury which it may suffer by violence. If it be deprived of its tentacles they will speedily be reproduced. If the whole head be cut off a new head will presently be formed; and, more than that, the severed head will presently provide itself with a new body. Some curious experiments of this kinds were made by Mr. Trembley, the first observer of this interesting object. He cut an individual longitudinally into two equal parts, leaving the parts slightly attached at the lower extremity. Each half speedily replaced the half it had lost, and thus were formed two complete animals, remaining still united at the base. The experiment has been carried still further. A hydra has been cut into nearly forty fragments, and every one of the fragments became in a short time an entire animal.

The food of the polyp is received into the cavity of its body, and there, though there is no visible digestive apparatus, it is nevertheless digested. But curiously enough, if the amimal be turned inside out, so that what was its exterior surface becomes its stomach lining, it manifests no inconvenience. Its food is received and digested quite as well as before.

To return once more to the vegetable world. The light which the microscope has thrown upon the processes of reproduction of cryptogamic vegetation is very remarkable. Before the application of the instrument to the study of these organisms, plants of this series were supposed to form an exception to the law which governs vegetable reproduction generally. In all of them, however, have been clearly recognized, by the aid of this powerful instrument of investigation, the entire apparatus which is so conspicuous in the anthers and the pistils of the phanerogamic series, so that the seeming exception does not exist. It has been proved, also, that among the fungi different forms of fructification appear in the same individual, and some reason exists for believing that microscopic fungoid vegetation is in great measure determined in all the visible form of its development, by the conditions to which the different germs may be subjected. The number of sporules which a single fungus may produce is beyond computation. It has been calculated, says Dr. Carpenter, that a single individual of the puffball tribe may send forth no fewer than 10,000,000; but this seems to me to be a number far below the real mark. "Their minuteness," the same writer continues, "is such that they are scattered through the air in the condition of the finest possible dust; so that it is difficult to conceive of a place from which they should be excluded. Hence we are not obliged to suppose that distinct germs are floating about in the atmosphere, for all the forms of fungous vegetation which appear to be of different species, and which are only found in particular situations — the *Puccinia rosæ*, for instance, only upon rose bushes; the *Isariah felina*, only on the excretions of cats in humid and obscure situations, and *Oxygena exigua* upon the hoofs of dead horses; but are warranted in believing that the real variety of germs is comparatively small, and that the facts just stated only indicate the modifying influence of the circumstances under which they are developed."

This view gives a seeming of probability to the opinion entertained by some microscopists, that the fungoid vegetation which attends many forms of animal and vegetable disease is not so much a cause as consequence of the disease—the fungoid germ finding no congenial soil for its development in the healthy organism, but appearing when a morbid condition has been already established. But to this view is opposed the fact that diseases known to be attended with fungoid growths may be communicated by inoculation with the germs of the fungi; while on the other hand it may be urged that inoculation is a much more effectual mode of introduction than the mere external contact of the germs with the mucous membrane. The question is too large to be discussed here; but what is a truth beyond question is, that certain diseases which are known to be highly infectious, and others which are often epidemic, are actually attended with a large development of fungoid vegetation. Of the first class may be mentioned the small-pox; the fungoid nature of which has been demonstrated by the able researches of our countryman, Dr. J. N. Salisbury of Cleveland, Ohio, and of the second the cholera. Dr. Salisbury has also shown that typhoid fever is occasioned by a fungus in the blood, which destroys the white globules, filling them with its spores.

There are various cutaneous diseases in which a fungoid growth accompanies a morbid condition of the skin, of which it is either the cause or the consequence. The *tinea favosa*, a disease of the scalp, happily rare, covers the head with yellow scales, which consist almost wholly of such a vegetation. The thrush in the mouths of children is made up of white patches of similar vegetable character. On the other hand, there are often parasitic vegetable growths lining the stomachs or portions of the alimentary canal of insects and higher animals—sometimes even of man himself—which produce no immediately injurious effects. Some of these exhibit great variety and not a little beauty of form. In the stomach of an herbivorous beetle, the *passulus cornutus*, which lives in stumps of old trees and feeds on decaying wood, Dr. Leidy of Philadelphia found a very luxuriant growth of this kind. The breathing tubes of insects are also often choked with similar vegetation, especially in warm countries; the spores having been introduced through the spiracles or breathing pores in their sides. Dr. Carpenter remarks that it is not at all uncommon in the West Indies to see individuals of a species of Polistes, corresponding to the wasp of England, flying about with plants of their own length projecting from some parts of their bodies. And similarly it may be remarked that we often see minute little crustaceans, the Cyclops or the Cypris, so small as to seem only like moving points in the water, when placed under the microscope, to be loaded by stipitated diatoms, unicellular vegetables having stems, or by tubicular animalcules, little animals which construct for themselves tubular dwellings, without nevertheless seeming to occasion the animal which carries them the slightest inconvenience.

The foregoing observations may serve imperfectly to illustrate the importance and the value of a microscope as a means of scientific investigation. And they may serve to illustrate also to what extent science, in all its departments, is dependent for its advancement upon the gradual improvement of the instruments of research. But for the telescope, astronomy might have remained stationary to this day at the point where Tycho Brahe and Kepler left it, and all the magnificent conquests of this grandest of the sciences during the last two or three centuries might have remained still unachieved. But for the balance, chemistry might yet continue to be an unwieldly mass of incoherent truths, instead of rivalling, as it does at present, the severe method of the exact sciences. The doctrines of static electricity only assumed the form of a science after the invention of the balance of torsion; and dynamic electricity is under obligations equally great to the ingenious instrument called the galvanometer. Mineralogy owes the exactness of its determinations to the reflecting goniometer. The brilliant advances of the present century in physical optics have been aided in a marked degree by the polariscope. Very recently chemical analysis has found in the spectroscope an admirable auxiliary to the delicacy of its determinations—an auxiliary which has already brought to light four new metals of which the existence had not been previously suspected, and which is busying itself successfully with the elementary constitution of the sun, the fixed stars and the nebulæ. In the field of Physiology and structural Anatomy, it is the microscope which has occupied the first rank among the instrumental aids to investigation, and which may almost be said to have created the science which it illustrates, in proportion as it has itself advanced toward perfection.

After explaining in the fullest manner the laws and principles on which optical instruments are constructed, the lecturer proceeded to exhibit and explain different forms of the microscope, the ordinary compound microscope, the binocular microscope, the inverted microscope, used for chemical purposes, the double, triple, and multiple microscope, the solar, or calcium light microscope, &c.; after which he spoke of the modes of illumination, and described a number of forms of accessory apparatus, together with the modes of measuring the dimensions of microscopic objects, and of determining magnifying powers. He referred also to the wonderful perfection of mechanical art in recent times, as illustrated in microscopic ruling and engraving, and mentioned Nobert's test-plates of which the finest lines, 120,000 to the Paris inch, have never been as yet fairly resolved. Drs. Curtis and Woodward, of Washington, have made enlarged photographs of these lines as high as 96,000 to the Paris inch, or more than 90,000 to the English inch. He spoke also of an engraving executed for him last year by Dumoulin Froment of Paris, representing the seal of Columbia College, with all its pictorial devices, and its mottoes in Latin, Greek and Hebrew, all clearly legible under the microscope; but the whole executed within a space less than one millimetre in diameter, or about the size of the puncture of a pin in a sheet of paper.

Speaking of the constructors of microscopes he mentioned a number of American opticians, whose work is unsurpassed by that of the most accomplished foreign artizans. Among the names mentioned were those of Tolles of Boston, and Wales of New-York, both of whom received silver medals at the Paris Exposition of 1867, and also Granow of New-York and Zentmayer of Philadelphia. He spoke particularly of the "wet-front" or "immersion" objectives of Wales and Tolles, as surpassing anything of similar power yet constructed abroad. Some time was then devoted to the exhibition of various objects illustrative of the power of the microscope, and of the curiosities of natural history; among which were some beautiful enlarged photographs of *diatoms*, animal muscle, &c., prepared by Drs. Curtis and Woodward at the Army Medical Museum at Washington, and lent for this occasion by the courtesy of the Surgeon General. [This part of the lecture hardly admits of a report.]

The lecturer concluded as follows: I have thus presented you, as well as my ability and the limited time allotted to me would allow, a description of what perhaps may be justly regarded as the most elegant of the instruments which modern science has created to aid its investigations, and I have placed before you some examples illustrative of the wonders which this powerful instrument has been the means of unveiling to human sight. These last are so numerous, so varied, so marvelous in their forms and movements and habits, and so constantly bursting upon us when least expected in novel revelations, that I know no study of which the tendency is more improving, refining, and elevating than that which the microscope presents us in the world of the infinitely minute. There is no study which draws the mind more constantly and more irresistibly to the contemplation of that wondrous creative power, which manifests itself no less marvelously in the tiniest monad than in the great beasts of the forests or the monsters of the deep; or of that comprehensive benevolence which provides alike for the wants of all, from the least even to the greatest. Surveying this vast field of varied life, it is inconceivable how such a thing as an atheist can be. The whole spirit which the study inspires is a spirit of adoration and faith which yearns continually to express itself in language like that of the poet:

> "These are thy glorious works, Parent of good!
> Almighty! Thine this universal frame
> Thus wondrous fair; Thyself how wondrous then,
> Unspeakable, who sittest above these heavens,
> To us invisible or dimly seen,
> In these Thy lowest works; yet these declare
> Thy goodness beyond thought and power divine."

ARTICLE XLV.—*The Action and Classification of Medicines, in connection with the Anatomy of Temperaments.* By JOHN C. MORGAN, M. D., Professor of Surgery in Hahnemann Medical College, Philadelphia.

A living, organic body, vegetable or animal, healthy or diseased, presents a totality of attributes, conditions and actions; the sum of these is life.

The integrity of life depends upon the integrity of these. Vital power is porportioned to the same. Vital power is co-operative with normal agencies extraneous to it, viz.: hygienic agencies. It is antagonistic to abnormal or hostile agencies, (drugs, for example,) the sum of the influence of life being the ordinary conservation of the *status quis*, in the first place; over and above which is the resistance afforded against the effect of such hostile agencies, whereby these may even be made subservient to the requirements of life, as antagonists to yet other (similarly) hostile agencies. And besides, when acting alone, such agencies find the living being so fortified in its life status as to offer essential resistance to encroachment, without extraordinary excitement, and with promptness and certainty; or, if the ordinary life status be inadequate, giving rise to the needed conservative effort.

This conservative life status may, for convenience in discussing the action of drugs, be paraphrased as "power of reaction;" "conservative power;" the effect being, not necessarily the production of opposed conditions pursuant to their initial effect, (this being merely an occasional incident of reaction,) but simply the restoration, by a more or less circuitous and complex process, of the original life status, by the correction of such of its elements as may have been deranged; the *mutual influence* of the life elements being the proximate source of such restorative action; impairment in any one quarter being directly productive, (as seen in Plate I.,) by simple physiological means, of increased power elsewhere, in parts which are sympathetically grouped therewith; these assuming a status, *per se*, pathological, with remotely impaired vitality; but under the circumstances, conservative.

This is the "similar disease" which cures, in the form which may exist without medication, as in spontaneous recovery; or it may be induced by drugs; though the highest similarity operates directly in the diseased region itself.

Plate I. exhibits, under the typical form of vascular alterations (a usual concomitant of diseases), a series of phenomena illustrating the effect of hostile action and conservative resistance, particularly in the influence of cell nutrition of any part on vascular contractility in other parts nervously associated with this; with its concomitant influence on the nutrition of the same parts.

The corrective action of nerve currents, proceeding from well or over-nourished parts to others, whose nutrition and vascularity are deranged, will presently be considered.

We next notice that, as just hinted, the maintenance of the life status proximately depends on nutrition of all those material parts, by which life finds expression. To this all vital effort tends. The operation of all those agencies by which life thus exhibits itself, may be summed up in the single technical phrase: "nutritive erethism;" expressive of the fact that a degree of organic excitement characterizes the process of nutrition. Normal and equable nutrition is health. Disturbance of the same is disease.

Predominance of "nutritive erethism," in some general sphere, may be regarded as the basis of *Temperament;* which may be a condition of disease, as it diverges from the health line of equable and normal nutrition; its ordinary influence being, however, consistent with an average standard of health; perfect equipoise being indeed a rarity.

Nutritive erethism is itself the product of certain proximate factors, material, dynamic and spiritual. The first includes two elements, the Organism and the Plasma. The second comprises two elements, Force and Stimulus. The third consists of that Spiritual element which, acknowledged as the essence of Soul in man, has been asserted also of other beings, by some, but which clearly differs from all others in him.

Let us review these. The Organism is the material structure of cells, tissues and organs, provided for the expression of life phenomena, and to this end, arranged with exact fitness to the local office of each, and also to their perfect co-operation in the vital actions.

The Plasma is the material of which cells, &c., are formed, becoming thereby an essential factor of "nutritive erethism." Whilst its perfect assimilation is due to vital action, its origin is extraneous to the organism which it is to nourish, so that it holds an inferior relation to it as a source of morbid *action*—the objective point of our present study.

Force, or dynamism is an essential requisite and condition of material action. Adopting the generally acknowledged doctrine, that there is one universal force in nature, the so-called forces being but its varied forms, due to the varied media and modes of its expression; it follows that however complex or disguised it may appear in vital phenomena, as germ force, cell force, nerve force, &c., its identity is never lost.

Stimulus is of both material and immaterial sources. It may be defined to be anything which, when applied to the organism, communicates or evokes the manifestation of force. Adopting, as to the former, the new chemical doctrine* that the normal status of matter is not strictly atomic but molecular, the molecules being composed of pairs of atoms, the possession of molecular polarity is a legitimate inference, and molecular affinity or repulsion for tissues and cells, already polarized by resident forces, is a necessary consequence.

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* See Porter's Chemistry.

Such measured affinity for certain spheres of the body is a constant trait of the action of medicines in addition to their purely physical effects, so-called. Hence we have a reason for seeking to reduce our drugs as nearly as possible to the active status of matter, extinguishing their massive character in molecular attenuations, which, by liberating dynamic or polarized molecules from the control of each other in cohesion, makes their polar forces, which, as in silex, were before merged in cohesion, manifest in presence of the organism, no longer as cohesive but as molecular force.

The most minute particle yet seen with the microscope is still evidently massive, not molecular; for instance, the 9,000,000,000th of a grain of mercury. The active molecule is vastly more minute.*

Stimuli are either physiological or pathological. The former, if abnormal in degree, become thereby pathological. They include all those agencies which maintain the supply of force required for the purposes of life, in the form of light, heat, electricity, motion, &c.; and which, becoming identified with the organism, appear again in the new garb of organic forces. Being largely due to solar and planetary influences, they necessarily obtain thereby the stamp of periodicity of influx and reflux, corresponding with the ever-changing relations of the earth to other orbs. The practical bearing of this observation will presently appear.

Pathological stimuli *per se*, are those agents, material or immaterial, organic or inorganic, which, being heterogeneous in quality to the organism, or hostile to the normal operation of the organic forces, and so unsuited to normal nutrition, give rise to disturbed nutrition of one or more parts of the organism, with consequent functional lesion and even anatomical change; or which, in other words, provoke the phenomena of "irritation" by virtue of forces inherent in, or incident to their molecular constitution or condition.†

Drugs are such irritant agents, that in health they are essentially pathogenetic, whereas in disease, their inherent molecular forces, directed by our guiding law to the field of vital contest, supply the deficit of force, or neutralize morbid polarity of cells and tissues, or confer normal polarity by induction; aiding the natural periodic stimuli, probably, in all these ways, in bringing about restoration of normal nutrition, or health.

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* See Wormley on the Micro-Chemistry of Poisons.

† See Hering's lectures on Hausmann.

Spirit has been referred to as a factor of nutritive erethism. It would be manifestly improper here to enter into any lengthy metaphysical discussion. Suffice it to say, that matter, in no case, can of itself perform that high function of intelligent will—obedience to law; a proposition which seems evident. The same may be said of force. Both are in themselves inert. From this it follows that spirit, meaning some combination of intelligence and will, is essential to all material action.

In all actions of inorganic matter, common consent excludes the idea of intrinsic spirituality; therefore its phenomena must be momentarily controlled and directed by extrinsic spirituality, which, by general admission, is the same with that by which it was originally created, namely, Deity.

The same observations may be extended to the lower organized beings without difficulty.* Now in this view, vitality is no independent, atheistic essence, but literally every act of circulation, respiration, &c., is an act of Divine interposition, and the laws of nature are simply the self-imposed rule of action of Deity.

Man, made in His image, is doubtless endowed, in a finite measure, with similar spiritual control over matter and force, as we constantly see illustrated in the phenomena of mesmeric psychology. The mind and will are well known to exert a controlling influence, in not a few cases, in producing or limiting morbid as well as curative actions of the organism and its forces, though constantly reacted upon by these.

How far the next grades of mammalia are similarly endowed, may be a curious inquiry, but the supremacy of man in this respect is evident. It is at the same time clear that only in a limited, a very limited, degree, without direct aid from Deity, can even man exhibit this power. With that aid, miracles become as the routine of nature.

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* Thus, also, a plausible explanation is afforded of the nature of *Instinct.*

But only in the consciousness of waking moments can Will operate; yet in sleep, normal action, as in inorganic beings and low organisms, goes on uninterruptedly under the sleepless interposition of Divine will.

We cannot, therefore, either in physical or physiological discussions, atheistically ignore the influence of spirit, as some claim we should do, without violence to the inductive philosophy and the true interests of material science. We cannot but assign it a place as one of the factors of nutritive erethism; and we may state of it, practically, that its agency is at various times exhibited in the way of control, at others in the way of stimulus. When the being parts with this spiritual element of its existence, it is dead.

Disease is the product of disturbance of any one or more of these factors. Deficiency of any of themselves as commonly existing, excess of any of them, and extraneous stimuli may be proximate causes of disease; this consisting specifically of deranged nutritive erethism, commonly called Irritation.

Irritation, in the limited sense now intended, is peculiar to the animal organism, and presents five prominent features, viz.: 1. Derangement of nervous function, quantitative, and remotely qualitative. 2. Vascular derangement, especially in the way of altered calibre and stasis of the capillary blood-vessels of the irritated part. 3. Exosmotic disturbance, consequent on capillary derangement, and possibly, somewhat on neuro-dynamic influence, as in diabetes, from irritation of the pneumogastric nerve. 4. Disturbed cell-nutrition or proliferation. 5. Deranged function. All these are visibly present in nearly all cases, but unfortunately have been often separated and partially ignored. Indeed, not all cases present all these in the same degree and proportion.

Notwithstanding the variety of irritative phenomena, there are but three distinct conditions to be noted, viz.: 1. Local anæmia. 2. Local hyperæmia. 3. Local inflammation.

The first is characterized by vascular contraction, diminished tissue-proliferation, and diminished exudation, with functional debility. The second is marked by increased vascular calibre, tissue-proliferation, exudation and functional power. The third by excessive calibre, tissue degeneration, exudation, and loss of functional power corresponding to impairment of nutrition. Coupled with each are various sympathetic phenomena, as chill, fever, exhaustion.

Contraction of vascular calibre is the first effect of stimulation of any grade, and characterizes the prevailing tendency of mild stimulation; hence the value of homœopathic doses. Hyperæmia, with its concomitants, results from excessive stimulation, debilitating the vessels by over-action, the vaso-motor nerves being exhausted in part by over-stimulation and response; excessive proliferation progressing up to a similar weakened state of the adjoining tissue nerves. Inflammation has the same in greater degree, but the nerve-force being at minimum, degeneration of tissue exceeds proliferation, and subverts the excess of tissue formed in hyperæmia, and even somewhat more than that; reaction,* via hyperæmia, causing repair.

All nerves seem to possess two functions, not often discussed in relation to them, viz.: vaso-motor and proliferating influence, doubtless due to separate, but adjoining filaments, the nervous system being the depot, as it were, of organic force; hence the great importance of nerve, in the curative efforts of the organism, and the imperative obligation of the physician to conserve and stimulate it in all proper ways.

The proliferating influence is believed to be anterior in its manifestation to the vaso-motor, and Plate I. must be studied with that reservation, each group being physiologically headed by nutritive changes. It by no means follows that, as sometimes taught, these cause all the rest. They are rather co-effects of nervous disturbance.†

Drugs are stimuli, heterogenous and pathogenetic, *per se.* They appeal, we conclude, by their innate molecular, polaric forces, to the nervous poles‡ of the body, evoking their action by conversion of their own molecular forces, or by induction, and this, without prejudice to their purely physical effects. Large doses inflame, unless by evacuant exudation, the excess be eliminated. Small doses have the opposite effect, speaking comparatively; hence they cure, in diseases similar to those occasioned by such large doses.

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* Reaction is simply defined to be the totality of the processes of restoration.

† Primary anæmia is marked as having lessened proliferation, but before anæmia be developed, excess of nervous currents must have increased proliferation.

‡ Poles: *i. e.* centric and peripheric extremities.

But reference has thus far been made alone to the initial region in which excess of stimulus or irritation has been applied. By nervous association, both direct and remote, other and distant regions—the whole body perhaps—may be sympathetically affected, and as the nerve currents of irritation are very complex, and the effects on vascular calibre and nutrition very various, we may best study the more occult phenomena of provings and other diseased conditions, by means of a diagram. As large and small doses act diversely, they are separately presented. See Plate I.

From this diagram we may also obtain a conception of the shifting of irritation to distant but sympathizing parts, this being known by the term "metastasis."

It will be observed, next, that in the production of these changes, the low potencies and crude drugs present the greatest initial irritation; whereas the higher show but slight changes in the same region; only causing, in fact, just that grade which develops characteristic symptoms of functional derangement, unmasked by the cruder inflammatory effects of large doses, in which every member of a class may equally partake, if the dose be the inflammatory dose, in each case; so that high potency provings, though doing less damage to the organism in the way of anatomical lesion, may well give subjective symptoms, at least, of greater purity than those made with massive doses. If extreme lesions be desired in proving, of course, the large doses are necessary; both have their value.

Again, it will be noticed that in high potency irritation, initial hyperæmia is later in occurrence than is seen from the use of larger doses; extending to that range which, being next to the period of restored health, we regard as secondary effects. In this, two points come to view, viz.: the diverse development of symptoms from high and low doses, and the superior value of remote symptoms in the former and of the early symptoms in the latter case; true similarity involving a like initiation, as well as a like catalogue of symptoms, at least as to some general regional impression.

Lastly, we find that with high potency irritation, hyperæmia of distant, sympathizing regions, causing sympathetic and deceptive symptoms, occurs early, subsiding with reaction; whereas, in using low or crude preparations, these are less as a whole, and occur with the process of reaction, often becoming chronic. Hence, early symptoms from large doses; late symptoms from high potencies, are, for a second reason, the purest and most characteristic. In disease, even high potency medication often excites characteristic symptoms early.

Still regarding the initial irritation as the typical action of a drug or other pathogenetic agent, we perceive that the morbid effect is pre-eminently engorgement of the irritated vessels, with corresponding nutritive changes, causing parallel symptoms, and increasing or diminishing with the doses.

With this variation in the power of different doses to engorge the affected region, experience shows that the power of reaction in the opposite direction from that of the morbid impulse, varies in like proportion, being less as the violence of the initial irritation exceeds the endurance of the vital organism,* and its ability to maintain the health standard, and being greater as the vital ability exceeds the violence of the irritation; consequently the drug action—primary effect—is most conspicuous after large, vital resistance and reaction after small doses.

Vital power differs with every person, so that a dose, small for one, may be excessive to another, or the same person at another time, and vice versa. Assuming an average, we may say that each drug, or other irritant, presents three distinct points in its posology, viz.: 1. The dose which just balances the vital endurance. 2. The dose which over-balances this. 3. The dose which is itself overbalanced by the vital ability.

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* This vital energy is easily estimated by the general state of nutrition of the body.

Allopathy knows only the first two; the third it rejects. Homœopathy regards the first as neutral and useless, and so does allopathy. Homœopathy holds the second to be pathogenetic, not curative. Allopathy holds it to be curative, although indirectly and without specific quality. Homœopathy claims the curative specific quality of the third dose, provided the remedy be the similimum. Allopathy regards this quantity as simply more inert than the first. This, being the merest assumption, and a negation at that, may be outweighed by a single fact, if, indeed, it be above contempt. If any one doubts, let him sustain by a syllogism the opposite opinion.

We may illustrate our position by the admissions of the other side. The practice of most allopathic physicians affords instances of the use of emetic drugs in small doses, in gastric irritation. Let the well-known emetic, Ipecacuanha, furnish the example, for it was long ago used, either alone or as an ingredient in the celebrated "Lady Webster's Dinner Pills"* for dyspepsia, so commonly attended with sickness of stomach.

Now the doses given are comparatively small, and it is plain that the intended effect is just the opposite of that resulting from large doses. Instinctively, this similar remedy is employed in reduced doses, as Dr. Reith, our allopathic contemporary, boldly recommends in the case of Aconite,† though in the same breath refusing the logical sequence of his own argument.

It follows from the opposite effects of large and small doses, thus illustrated and daily observed, that there is a medium dose which has neither effect; and this is the first of the three quantities before named, to wit: that which just balances the vital endurance and is therefore inert or neutral. It further appears that if we increase the dose above this point, the irritant effect increases.

Again, the allopathist, exceptionally taking a single step in the opposite direction, secures, sometimes, the anti-irritant effect; if not, he inconsistently refuses to proceed, and fails.

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* Sometimes, in our day, the Ipecacuanha is significantly omitted.

† Vide Braithwaite's Retrospect.

The homœopathist, going on in the same direction, reduces the quantity again and again, receding farther and farther from the neutral, inert starting point, wherein he is simply and logically consistent, thus succeeding. Experience at the bedside giving practical proof of this, the efficacy of our doses becomes at once a philosophical necessity and an established fact.

Continuing the Ipecacuanha example, we may now, using terms of general significance, say that large doses vomit, small doses arrest vomiting, medium doses have no effect: ergo, the largest doses are the most violently emetic; the smallest doses are most strongly anti-emetic.

A diagram will aid in comprehension of this proposition. See Plate II, figure 1.

The leading reason for this state of facts seems to be that the impression of a drug being heterogeneous or irritant, the vital organism sets up a counter action, or series of actions, for the purpose of resistance and expulsion of the morbid agent.* There is no reason to doubt, however, that only by suitable stimuli can this resistance be induced, in natural diseases, the irritant cause having vanished. Hence the stimulus of solar and planetary forces seems essential to "spontaneous recovery;" medicines being substitutive or supplementary stimuli or force bearers. Without such forces, constantly and intelligently applied, morbid states must be perpetuated under the law of inertia, even if life itself could continue without such intervention. These natural stimuli being, therefore, *per se*, conditions of vitality.

We may conclude then that the primary effect, whatever the stimulus or the dose, is the stimulant or irritant action proper; most marked after large doses; the secondary is the vital response of the organism in the direction of antagonism, *i. e.*, systemic reaction, attempted at the very onset, but best maintained after minute doses. This, however, would seem to be not merely, as in common dead matter, equal to the original action; but also having received vital impulse, must under the same law, provided no obstacle be encountered, go on in the same direction forever, by mere continuance of the attitude of the parts concerned in reaction, so induced.

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* The emetic effect, although crudely evacuant, is really part of the irritant impression; expulsion, as here understood, is that which occurs after absorption, in the way of increased secretion.

No such obstacle previously presenting, the organic equipoise or health line is, not without fluctuation, finally reached, and reaction terminates at that barrier. No dose is too small for this, if the agent be really present. Anatomical lesion, if great, may early prove a bar to reaction, and even to impression, demanding repetition of doses, and crude forms, it may be.

A diagram will aid in the comprehension of this also. See Plate II., figure 2.

Let A be an elastic spring, firmly erected. B, a ball which strikes it from the right, moving it to C. The elasticity of the spring, representing vital power, returns the ball, on cessation of the original impulse, to A, to D, and finally far beyond to E, expelling it from its position entirely, as happens also with the drug. The spring, meanwhile, vibrates to and fro, illustrating periodicity, until at last it stands firmly in its normal place. If the original impulse were slight, quiescence must ensue the sooner and more easily, and although the original medicinal sinister impulse from small doses, indeed be slight, the normal status is reached all the more quickly and surely, supposing the organism were passive before, in natural disease. Hence the infinitesimal or catalytic dose is ordinarily the true curative quantity of a similar medicine.

The curative nature of a similar irritant, *i. e.* the homœopathic medicine, seems due to the fact that whereas the morbid agent is, in natural disease, a thing of the past, and, its influence accomplished, reaction towards health goes on under stimulus of solar and planetary dynamism only, and these natural stimuli so fluctuate as to permit, if they do not provoke, periodic aggravations, whilst a genuinely similar drug, whose whole line of initial and sympathetic action is a counterpart of the disease, evokes reaction in advance of aggravation; and being a new agent of stimulus, and this hastened reaction being repeated over and over in the periods of amelioration, the medicine as it were, steals a march on our slowgoing solar system.* Thus too it happens that, especially with large doses, we are most apt to meet primary aggravation from medicines given just before the periods of natural aggravation, *cæteris paribus.*

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* All medicines may therefore be called "Antiperiodics."

It remains to be said that the curative power of very large doses of a homœopathic remedy which is sometimes witnessed, especially in the garb of an allopathic recipe, is to be accounted for in one of the following ways, or in several combined: 1. Great vital endurance. 2. The evacuant effect of some drugs, eliminating the excess of quantity, just less than an evacuant dose being most persistently irritating, therefore. 3. The mutually antidotal effect of combined or alternated drugs. 4. The imperfection of the similarity. The "just less" above named, is the kind of exception which proves the rule; and "the imperfection of similarity" is to be considered as possessing the negative advantage that large doses act by extension of their effect, by contiguity of tissue, or by connection of nerve fibres, from associated parts, and not by the direct influence of a similimum, of which small doses only can be borne.

We may hence learn that similarity and contrariety are to be considered, not as absolute, but as relative terms; similarity gradually fading from the point of its highest intensity, to indifference; and contrariety, or remoteness of action, gradually fading also to the same indifferent medium, constituting an unbroken series of qualities, all the way down from the most intense *homo*pathy to the most complete *allo*pathy.

Every physician of whatever school, in all probability ranges unconsciously over the whole series, with corresponding good or ill success; the homœopathist having the advantage of the guiding law.

To resume: Whatever the theory of physiology and pathology, cellular or vascular, which may obtain the confidence of the medical profession, all are now agreed that the proximate condition of life is nutrition; disease being only an error of the same. Therefore, the questions of cell-function and vessel-function are subordinate, and we may add, these are in reality questions of method rather than of results, and the dispute is as to the order of events rather than the entity of those events, both being included in normal, both disturbed in abnormal or diseased nutrition; in varied degree and proportion, it is true.

All existing doctrines, except those of homœopathy and chrono-thermalism, seem to agree in discarding as obsolete, the views revived a century ago by Brown, Mesmer, and others, concerning the agency of the Forces, and particularly the nervous force, in *producing* health and disease, though all admit its *implication* in both normal and abnormal nutrition, to use the modern phrase.*

Indeed, the old, like the new systematists had little clear conception of this point; hence their transient influence. Science, too, is eclectic; the systematists, old and new, somewhat too partizan. May we not hope, in again calling attention to nerve-force, in this connection, to be exempt from their mistake?

In the classification of those agents which we call medicines, we have to bear in mind that they are such by virtue of their molecular pathogenetic forces, that is to say, their capacity of producing irritation and abnormal nutrition somewhere in the body, in accordance with certain polaric or dynamic affinities; so changing the totality of its functions and the polaric or dynamic relations of its parts as to constitute disease, just as occurs from other, non-medicinal factors of the same morbid dynamism.

Such, indeed, is the similarity of both, that we may assert that whether morbid agents be material or immaterial, and whether their means of access to the minutiæ of the organism be alike or not, their modus operandi is essentially the same; that is, dynamic, or by and through force; and may be viewed as a unit.

We may affirm, besides, that so far as this differs in the animal organism from that seen in the vegetable and inorganic creations, all such dynamic actions are affected through intervention of the nervous system. The phenomena of inception and progress are, in all cases, undeniably characteristic of disturbed forces, whilst they are largely characteristic of nervous disturbance, and commensurate with it, if we consider the vaso-motor and nutritive influence of the nerves.

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* Hahnemann, although an opponent of Brown, so far agreed with him as to maintain the dynamic nature of diseases in general, which means the same as the "debility" of Brown.

All changes of the material are, of course, effected through the forces which bear upon it, and the most obvious of those forces which concern the material components of the living body, controlling, modifying or perverting their nutrition, as well as their functions, are clearly referable to the nervous system. Let us consider them and then inquire for their relation to this great dynamic system.

Some will deny the accuracy of the term "forces;" alleging that all ordinary forces are held during life in abeyance to a single principle peculiar to living beings, to wit: the vital principle or life-force; and that the only exhibition of the former is seen in the effete matters of nutrition. But without arguing this point, the question may be concluded by reference to the aphorism: "There is but one force in nature; all so-called forces being mere correlated forms of this one universal force of nature, differing in accordance with the media of their expression."

Thus, vital force is, after all, no separate entity, but only a mode, or more correctly, a series of modes, of dynamic expression, the medium being a living organism. With this definition the phrase is still useful.

The central source of the forces which control all phenomena of the planetary system appears to be the centre of that system, the sun. This is so evident on reflection, as to require no argument, but it is important to limit the statement by the admission that the Divine Spirit first created, and (as neither force nor unintelligent matter has in itself any power to obey law) momentarily controls the operation of all force, and that man, as well as perhaps, the inferior creatures, possesses not only susceptibility to, but also a finite measure of power to wield the same forces; a power conferred by the Creator to employ existing force for certain ends; not a new and overshadowing force, holding the existing forces in check or in abeyance, by supplanting them.

The sun, therefore, is to be regarded in its relation to us, not of course, as the originator, but the depot of supply of that entity which we term force. The vegetable world receives its emanations directly, and appropriates the same to the purposes of nutrition, &c.; also, alternately, mediately, or indirectly through the earth which supports it, and probably through other planetary bodies more remotely These evidently increase and decrease, periodically.

The animal world is influenced in like manner, doubtless, by all these, but the peculiar nature of high animal organization and life forbid the direct access of solar or planetary force to the minute structures except in an incomplete manner. Another channel of access is necessary, developing and stirring up force and conveying it from point to point as required under the inducement of appropriate stimuli, material and immaterial, physical and psychical. This necessity is provided for in the nervous system.

Force, however originated or supplied to the cell-structures of a living body, is manifested to us on reaching these by all the phenomena of cell-life, and we call it "cell-force," and this varies, in respect to the fertility of nutritive action, very nearly in the same proportion as the known sources and channels of force remain intact, and in particular those of nerve-force.

Since our present inquiry is one concerning mainly the susceptibilities of animal organisms of a high order, the nervous system thus becomes the main point of interest in connection with this subject of force, nutritive force, in both normal and abnormal conditions.

In a word, then, we may regard the nervous system as a complex source and channel of force in addition to the *direct* agency of planetary and solar force, like to that in the vegetable world. As a source the gray neurine is to be considered, the white being the channel of conduction, and presenting antagonistic centric and excentric poles, each end of nearly every nerve fibre either being the one or the other. Gray neurine is not limited to the brain and spinal cord, therefore these are not the sole source of nerve currents.

The whole body is more or less supplied with gray neurine, therefore nerve currents may originate in all parts of the body. Those which arise in the gray neurine of the nerve-centres may be distinguished as centric; those arising at the opposite ends or poles of the nerves as excentric. Gray neurine, in both situations, constitutes ganglionic tissue, and may be conveniently spoken of as consisting of centric ganglia and excentric ganglia.

The centric and excentric ganglia, however, are both subject to another division, according to their connection with the organic, the so-called sympathetic, nervous system; and the animal, the cerebro-spinal nervous system. Thus we have four classes of ganglionic nerve tissue, viz: 1, organic centric; 2, animal centric; 3, organic excentric; 4, animal excentric. See Plate III.

The first of these is made up of the chain of ganglia belonging to the great sympathetic nerve, not imbedded in the viscera. The second is made up of the gray matter of the spinal cord, and of its prolongations into the base of the brain, including the corpora striata, thalami optici, tubercula quadrigemina, and in short, all the ultimate roots of the nerves of special and general sensation, as well as of motion. The third is made up of the gray neurine of the viscera,* mainly, though the terminal ends of the organic nerves universally, are included. The fourth is made up of the gray matter at the extremities of the nerves of animal life, with the nerve filaments themselves and their termini universally; thus including the muscles, organs of general and special sense, the cortical part of the cerebrum and cerebellum, and such visceral and vascular spheres as receive spinal filaments.

The arteries and arterial capillaries, as well as the visceral veins, are largely in the third sphere; the heart, stomach and the general venous system largely implicate the fourth. Vascular disturbances are thus partially diagnostic, (as being arterial or venous,) of the affected sphere.

The cortical part of the brain is included with the animal excentric elements rather than the centric, for the following reasons: First, the olfactory surface and retina, as well as other clearly excentric tissue is, in embryonic life, part and parcel with the periphery of the brain. Second, this portion of the brain is, although within the skull, terminal to the spinal nerves, and is analogous with other tissue similarly related. Third, in both physiological and pathological states there is a predominance of intellectual and emotional symptoms, generally conceded to be functional to this region, and running parallel with the other signs of excentric erethism, whenever the latter prevails; whereas in centric erethism, whatever the similarity of symptoms, the traits of spinal force overshadow or give character to the merely intellectual and emotional manifestations.

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* The heart affords an important illustration of excentric ganglionic tissue; also the retina.

The meninges, or enveloping membranes of the spinal centre, or cord, are, however, strictly excentric, as much so as the viscera or the muscular sheaths—a proposition which seems to need no proof—yet explains the need of excentric drugs in inflammation of those tissues and in basilar hydrocephalus.

Ganglionic tissue, now seen to be of general diffusion, requires to be nourished in like manner with any other; hence we derive an interesting reason for the intimate nervous connection of each of the four elements described, with each one of the others; each conferring nutritive force upon each, and receiving it in return from each, along the same nerve-fibres; for, as Leidy insists, it is absurd to assign to any nerve the power to transmit a nerve-current but one way, they being passive conductors of currents back and forth, to and fro, as generated for the purpose. Thus two centres may be peripheric to each other.

Hence, too, we derive an explanation of the similarity of symptoms in provings, where there is, it may be, a clear pathological distinction; associated parts or poles being successively and conversely, but similarly affected. See Plate I.

Whatever the symptomatic differences, these largely relate to the order of development, (together with corresponding class signs in the spheres of periodicity, morale, &c., presently to be explained). And, at the same time, recognizing the converse effects of large and small doses used in proving, we can understand why this same order of development of symptoms differs according as the *initial* action in one and the same locality shall be crude or refined, generally hyperæmic or anti-hyperæmic, erethistic or sedative; *complementary* (and even opposite) effects being sympathetically manifested by all the connected nervous spheres, whatever the initial effect.

This, on the general principle that the nutrition of parts exerts a mutual influence; moderate hyperæmia at one end of a nerve implying consequent tonic contraction, muscular and vascular, or even anæmia, spasm, chill, at the other end of the same, and vice versa; (temporary transition states witnessing equal engorgement, &c., at times; and an *extreme* hyperæmia (inflammation) at either pole, implying a minor, conservative, sympathetic hyperæmia at the other; conservative, because moderate hyperæmia, causing hyper-nutrition, develops active currents to contract the opposed capillaries of the inflamed part, and to restore nutrition, &c,; whereas, inflammation is attended with incapacity in this respect.* See Plate I. The effect of mental emotion and will on the vascular system affords an interesting field for study in this connection—involving their dynamic influence on life-actions. Again, an excentric drug, as Ipecacuanha, in high potency, (anæmic doses,) by indirect promotion of distant hyperæmia and proliferation at the centric poles of the nerves concerned, will act as a tonic. And in like manner we may account for the apparently contradictory symptoms of our provings, even in respect to those on which we herein propose to base our classification, viz: morale, periodicity, &c.; for since these vary with the stages of the proving, as well as with the doses, causing both initial and remote effects, one of three things may mar the accuracy of the record. 1. The proper moment for observing such class-traits may escape us. 2. The quantity of the doses may be such as to exaggerate some individuality, standing in the way of development of class-signs in their characteristic order. 3. The timing of the doses may be unfavorable to the same; each class of the four acting initially in its own class-sphere, with periodic exacerbations; consecutively or sympathetically, everywhere else to the extent of its nerve-connections.

We must also keep in mind the fact that not all apparent periodic aggravations are really such. As for instance, "expectoration only in the morning," under Pulsatilla, is not an aggravation at all, but an amelioration, from dry cough in the evening, &c.

In pursuance of the same point, we see the impropriety of fixing a uniform dose for provings, any more than for treatment of disease; since, as I have noticed, an individual whose temperament is of the same class with the drug, has most symptoms from moderately large doses; a contrary temperament, most from small and infinitesimal doses; and it is mostly in the latter sort of cases that aggravations by high potencies, often denied, but real as any others, arise in practice.

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* The consequent deficit in its nervous influence on associated parts develops the conservative, sympathetic hyperæmia therein. Here we also observe the dependence of vitality on organism.

Allusion having been made in the preceding paragraph to temperamental classes, it is enough to add that these are based upon the fact, elsewhere hinted at, that within those limits which consist with a state of average health, there exists, in the majority of persons, a preponderant erethism in one or other of the four spheres described; which is the temperamental basis of the individual.

This is liable to fluctuation in sickness, from hour to hour, or day to day; each temperament, as before stated, being peculiarly liable to the influence of those agents, material or immaterial, solar, planetary* or medicinal, which act specifically in the temperamental sphere; moderate or small and rare doses of the latter being inert, or else acting by primary effect sedatively, anæmically; excess causing hyperæmic disease, as in the homœopathic provings.

The signs of each in health, with the changes in disease, are given hereafter. The ancient classification of temperaments is thus superseded, or perhaps it were better to say, reconstructed on a new foundation.

The proposed classification of medicines is made by the symptoms, so far as known, of moderately large doses, the provings being continued long enough to confirm their class conditions, other drugs being added to the lists, according to analogy of chemical and symptomatic traits. In such provings an artificial diathesis supplants or else exaggerates the natural temperament; the class characteristics being ordinarily clearly marked; changing, however, when reaction sets in, into some co-related sphere; requiring an antidote, it may be, of this last class; just as the remedial use of the same remedy may be followed by a like necessity for the same consecutive drug in curing a given case of disease.

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* The changes of position of the earth towards the heavenly bodies are marked in the animal organism, sick or well, by changes of nutritive activity in the several class-spheres.

Affinities and comparisons among related drugs differing in class, thus assume great value, and in the use of low potencies, we may even predict the consecutive remedy a day in advance in acute cases.

Before stating the characteristics of the classes, either of temperaments or the casual general states observed in disease, or of the corresponding drugs, the grouping and titles of the last named may be given and accounted for in a general sort of way. Thus:

Class first, (the Organic Centrics, or Ganglionics,) consists, so far as ascertained, of but two remedies: Aconitum and Veratrum-viride.

Class second, (the Animal Centrics, or Spinants,) comprises all the narcotics and bitters, so-called in allopathy. Nux-vomica is a type of the class.

Class third, (the Organic Excentrics, or Anti-Ganglionics,) comprise the common acrids, alkalies, salines and acids, of which Pulsatilla is a general type.

Class fourth, (the Animal Excentrics, or Anti-Spinants,) includes a variety, as alcoholic liquors, all the aromatics, the fœtid and pungent substances, the oleo-resins and gum-resins, (the anti-spasmodics and stimulants of the old school,) and all the astringents, vegetable and mineral. Zincum may answer for a type.

The third and fourth classes are allied, chemically, by the vegetable acids of the former and the tannic-acid of the latter. In consequence, partly, of this alliance, four groups are formed from class third.

Group A, alkalies and alkaline earths; their carbonates, and Borax. Group B, common acrid substances. Group C, saline neutrals, composed of acid and alkaline substances, chemically united. Group D, acids, mineral and vegetable.

It will yet be asked, "by what scientific rules may such a division be made, and how can any new medicine be assigned with diagnostic certainty to its proper place?" The answer is, by three indications: 1. The chemical quality of the substance, and its consequent natural alliances. 2. The pathogenetic record, especially as concerning morale, periodicity and order of development, together with physiognomy, manner, attitude, &c.; all being expressive of the conditions of the general system, and harmonizing with the preceding. (These symptoms are viewed aside from any nosological and pathognomonic traits, as well as from mere subjective disturbances; giving the first place, in short, to those which point out the medicinal *diathesis*;* and of these, so far as classification is concerned, to the generalities which all the co-members of each class possess in common.) 3. Experience of the action of the given medicine in disease, by all schools, and the alliances thus ascertained.

In illustration of the first rule, the chemical, all known oleo-resins are members of a therapeutic class, long recognized as possessing in common, certain qualities as medicines. All oleo-resins are thus seen to belong to this medicinal group. The second rule is brought into play when we consider the primitive anatomical sphere of action of all these oleo-resinous drugs as well as their congeners, the gum-resins, viz: in the excentric element of the animal nervous system, shown by all grades of sentient and motor derangement, from paralysis to spasm and neuralgia; and cerebral disturbance, from stupefaction to craziness; visceral lesion being at minimum, sentient and muscular disturbances, maximum. The third rule recognizes the experience *ex usu in morbis*, whence all these drugs have been considered from ancient times as suited to "nervous diseases," and hence termed "anti-spasmodics;" which name, however, falls far short of expressing their individual homœopathic uses.

By the 2d and 3d rules, the "mineral astringents" are classed with the oleo-resins and gum-resins; and naturally, the "vegetable astringents," all containing tannic-acid, go with these, though bordering on another class, containing other organic acids.

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* It is this which is effected by potency provings; *i. e.* a *predisposition* is thus produced; by which, any exciting cause, as cold, or any other, developing an ordinary pathological state, the latter is stamped all over with "characteristic peculiarities" of the drug. Hence we see the value of "trivial" symptoms, so-called.

Nature, indeed, abhors the trammels of any absolute lines of classification and distinction. So it may be as difficult, at times, to say absolutely where a drug belongs, as to declare whether a very low animal is not, after all, more a vegetable in its qualities.

Finally, the volatile nature of the oleo-resins, coupled with their stimulant quality, associates with them other substances similarly endowed, viz: the aromatics, the alcoholic substances and the ethers. All these, then, mainly and primitively affect the peripheric or terminal, excentric portion, or the "excentric poles" of the animal nerves.

The fourth class, above described, being composed of apparently diverse elements, illustrates the rest, but the others may be briefly touched upon also. Thus most of the first and second classes depend on an alkaloid active principle. But this is a decidedly less distinctive point for them than is their pathogenetic record—particularly in separating these two centric classes from each other. Thus, the first class, as Aconite, clearly affect the organic tissues most; whereas, the second class (instance, Nux-vomica) as clearly bear most on the animal organism, together with such viscera as are freely supplied by nerves of animal life, as the liver, stomach, &c. Further, none of these cause any local change of importance in either viscera, muscles or organs of sense, when applied to their tissues directly—yet how marked is their indirect effect! Only through the nerves which supply them, can this be brought about! Therefore, the inference by exclusion is, that their initial action is in the corresponding nerve-centres. Learning, now, from their pathogeneses, what else they have in common, especially as to diathetic generalities, we may, in studying any new remedy, on finding like traits strongly marked in the proving, by moderate doses, slowly and long taken (the typical posology for purposes of class diagnosis) at once assign it to the same class; as has been done with certain of the "New Remedies." But it must be kept in mind that the primitive action is, conformably to Hahnemann, the typical one for classification; and besides, that the consecutive effect of an infinitesimal dose resembles, measurably, the primitive effect of a large one. Therefore, undue haste in determining the class of a drug, alone from provings, should be cautiously avoided.

The two grand centres present distinctive distributions; and in these, the several sorts of blood and lymphatic vessels take part. Thus the organic affects the arteries, arterial capillaries, and largely the valveless visceral veins, portal, cerebral, &c., the animal centre controlling the venous capillaries and heart, in part; all of which become deranged in concert with the corresponding nerves. So little is known of the lymphatic system, that we cannot say much about those vessels, but may draw inferences from provings, &c., hereafter.

Again, some drugs are compounded of bodies of diverse character, not chemically combined, and belonging to different classes. Thus Cinchona, belonging mainly to the second class, contains also tannic-acid as an active component, allying it to the fourth. Even when chemically combined such distinct powers may co-exist in the physiological effect, as in sulphate of quinine, the sulphuric-acid, as well as the alkaloid, quinia, being active. Such drugs are, so to say, hybrids.

Lastly, the third class presents certain peculiarities. Thus, it is divided into four sub-classes, or groups; A, alkalies; B, common acrids; C, salines; and D, acids; naming them as they approach, in dynamic qualities, the succeeding or fourth class, and as the class distinctions grow fainter.

The common acrids are mostly chemically neutral, Pulsatilla being a good example. A few, as Ipecacuanha and Veratrum-album, containing some portion of alkaloid active matter, unlike, however, those of the narcotics, resemble, somewhat, in properties and indications, the alkaline group, especially in the watery or milky complexion, &c. On the other hand, some, as Rheum, containing tannic-acid, are allied to the acids also, and are suggested, like them, by the presence of a tough and even swarthy skin. In the latter alliance, we also find such combustible bodies as Phosphorus and Sulphur; whilst in the alkaline alliance, the supporters of combustion, or "halogens," are found; the oxygen of all the alkalies and alkaline earths giving them, apparently, this characteristic affiliation, their metals being less potential in this respect than those which retain oxygen with less tenacity. These last, indeed, belong mainly to a distinct class, the fourth; Mercurius-vivus, though a member of the third class, yet is like the fourth; Mercurius-corrosivus, like the alkalies and halogens, though similar in local effects; Mercurius-solubilis stands between; such medicines as Sepia, Carbo-veg. and Carbo-animalis, are severally classed with those of inorganic source, with which they are allied, viz: Natr.-m., Kali-carb. and Calc.-phos., which are also constituents of their media of life, or else of their own structure during life, or of both.

I have thought that the distinctive complexions, tough and delicate, of persons respectively suited by the acids and alkalies, might be attributed without violence to their diverse external or internal erethism; the drugs severally exhibiting their elective galvanic affinity for, and effect on external or internal tissues, predominantly; just as the plates of a galvanic battery eliminate acid matters from one, and alkalies from the other side. The skin corresponds with the former, and is apparently tough in proportion to its activity; the mucous membranes with the latter, as to both their natural secretions and their drug affinities. The successive intermediate layers of tissue probably hold like relations, and subdivisions of all also among themselves. *

The salines stand midway between acids and alkalies, combining their effects in various particulars, and, like the acids, are feebly distinguished in some points, as periodicity, from class four. All of these, with their chemical relatives, are the so-called "antipsorics," implying that "psora" is really a galvanic aberration, affecting opposed surfaces. The combustibles, as Phosphorus and Sulphur, range with the acids, though in an inferior degree; being allied to class four, also, by this circumstance.

It cannot be too often repeated, that from the continued use of any drug of a given class, especially in high potencies, these generalities are subject to be converted from one class to another, antagonistic to it; hence it is that after experience in class-symptoms, the physician may often predict the class, and even the remedy itself, which he will next have to employ; always allowing for the tendencies of the individual constitution. And so familiar do class-symptoms become by study and

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* Golding Bird relates, that under certain conditions, a frog's leg held in the hand while the sciatic nerve is applied to the tongue, contracts as with galvanic plates.

observation, that often, even without asking a question, by the eye, taking in the objective points which mark the class, one may decide *a priori*, to dismiss from consideration three-fourths of our voluminous Materia Medica.

It is a plan not to be despised by the less expert, first to select that remedy in each of the four classes, which in that seems most similar, and forthwith, by the signs hereafter given, select that one of the four which possesses the class traits. If these were indistinguishable, the "keynotes" or "characteristics" would be decisive. Indeed, in some cases, the force of the latter, *if known*, may overbear that of the class-symptoms, though it remains true, that in nearly all instances, the class-signs must, sooner or later in the treatment of the case, be respected, and the earlier the better. And this is true, regardless of the name of the disease, and the number of remedies which may be supposed to act specifically on the organ most palpably concerned, all of which is important, yet not decisive alone. Even conflicts among "characteristics" may often be settled by class signs, when the latter are strongly pronounced.

The alternation of remedies *a priori*, is thus avoidable, though, if practised at all, there exists no scientific reason which can be alleged in its defence, if it be not in the way of a combination of the diathetic with the pathological indications; each being represented by a particular remedy. Nature has, however, furnished so many such combinations, ready to hand, that this method seems, to say the least, a superfluity.

The next question is the following: How may the class-signs be recognized in the several cases requiring such diagnosis; firstly, in the temperamental traits of healthy persons; secondly, in the temperamental traits or casual changes, of diseased persons; and thirdly, in the materia medica? The answer is distinct for each of the four classes. The initial sphere of action is meant, as concerning drug-provings; the symptoms of this sphere being characteristic.

Before discussing each of the four classes in detail, it is proper that the fact should be noted, that both of the centric classes have certain points in common, distinguishing them from the two excentric classes, which are, in like manner, marked by resemblances to each other, as well as common diversities from the two centric classes. These traits are, in the centrics, of an executive, and in the excentrics, of a subservient quality; the sense of these terms being equivalent to "impressive" and "impressible," as hereafter employed.

Common signs of both Centric Temperaments.—In both, there is a *keen, clear eye*, a decided physiognomy and manner, and an amount of vital resistance, and personal potentiality, which do not obtain in any excentric type; which are susceptible of increase by cultivation in any person; or, on the other hand, decrease by exhaustion, neglect and sensual indulgence; thus becoming abundant and indomitable, in times of trial, when courageously borne to the acme of success; and again, when otherwise conditioned, dwindling to enervation and dejection, or even to obliteration, more or less rapidly and completely according to its original predominance and intensity.

The whole physiognomy and bearing of both of these, is positive and impressive, however modified by combination with other elements, often affording to the expert an instant criterion. Towards their own organizations, as well as towards their fellow-men they maintain a positive magnetism of will.

General Distinctions.—The Ganglionic temperament, (or diathesis, as a casual morbid alteration may be termed,) has an aspect, however, denoting instinctive and incisive impetuosity. The Spinal (Class II.) has rather the character of wary calculation—self-poise—carefulness. It may not be out of place to instance General Sherman under the first, Mr. Seward under the second type.

Comparative General Resumē.—Both are marked characters in social life. Both alike move on persistently towards the goal of desire, with a single eye and fixedness of purpose, concentrating their powers to the attainment, unrelentingly. The Ganglionic reaches the end by sheer force, with such wisdom as may be at hand to aid; the Spinal, by systematic and wary pursuit of preconceived plans. Both are *rulers* of mankind. In sickness, both have great tenacity of life, and powers of reaction. Wounds heal readily; and remarkably, the first do best in case of compound fracture, as from gunshot, whilst the second better endure injuries of the viscera.

Thus, in one of class first, gunshot wound of the lung was well nigh fatal, whereas in an identical case in the same military hospital, occurring in class second, the man was able, within a few days, to sit up and wash his own wound. And among a variety of cases of gunshot fracture of the femur in the same establishment, not amputated, a favorable progress was observed exceptionally in the only individual of them all, belonging to class first; (all the fractures in the ward being amongst Confederate soldiers;) the one referred to giving constant evidence of his physiological class by imperious anxiety, restless self-attention, and overbearing will.

In some cases, however, of persons of disciplined character, especially if aided by the influence of the third sphere, as shown by a tendency to fatness, these manifestations of class first give place to stoicism, which is an alternative trait, as illustrated in a German officer from Illinois, after amputation for gunshot fracture, who was well, besides, almost immediately.

Whilst anxious concern, or else stoicism, marks the first class, the second shows repulsive ill-humor, or contrariness, or else self-retirement, in sickness. No real"vacillation"is seen in either. That which indicates Nux-vomica of the second class, is rather a result of conflict between a wilful determination, and the superior claims which demand a contrary course; whereas real vacillation is an excentric sign, and is the fruit of insufficiency of will; a distinction which ought to be more generally made.

In both centric types, the predominant periodic erethism occurs between midnight and noon, though the admixture of excentric elements in the constitution, sometimes masks the fact by minor erethism in other parts of the twenty-four hours, as in the afternoon symptoms of Aconite, of the first, and Belladonna, of the second class.

Again, we note a distinction between Classes one and two; the nutritive erethism of the former, the Ganglionic, being mainly between 12 and 3 o'clock at night, and from 9 to 12 in the day time; whereas that of Class two, the Spinal, occurs mainly between 3 and 9 A. M. In disease, like periodicities obtain.

Finally, if two men, respectively of classes one and two, enter into any business together, the former becomes at once the leader of enterprises; the latter, the manager of them, Both may still be used by others; the first by seconding, or appearing to second his blows; the last, by furthering, or appearing to further his schemes. Both, however, victimize persons of the other two classes, with facility, when unrestrained by principle or otherwise.

General Likeness of Excentric Types.—Both class three and four are in common characterized by a strong line of distinction from the two centric classes—*i. e.*, whereas the centrics are characteristically impressive, the excentrics are decidedly impressible.

General Distinctions between Classes III. and IV.—They differ from one another however, markedly, in that, whilst the Organic Excentric, Anti Ganglionic, or third class, have the quality of inertia,* the Animal Excentric, Anti-Spinal, or fourth class, exhibit sympathy or sensibility as a prevalent condition. Mingled, as they usually are, proportionally, these elements modify each other.

The four classes may here be briefly compared, thus: the first, with the Northern mountaineer, who pursues the agile game from crag to crag, with a singleness and fixity of purpose which insures success, and overcomes all obstacles; the second, with the careful merchant who plans the purchase and sale of the product of the chase, and of the merchandize required in return by the hunter; the third, with the sluggish peasant who serves the merchant contentedly for the sake of food and raiment and shelter, growing fat in his vegetative servitude; the fourth, with the children of the same merchant, taught in the schools, charmed by the attractions of society, or by those of learning or art; and despising alike, the hardy life of the hunter, the mean selfishness of trade, and the stolid vegetation of the servitor; a source of anxiety and apprehension, yet of pride, to their careful and shrewd parent; draining his purse, and enlivening his house.

Or, again, the first class rules the North; the second rules the South; the third is the phlegmatic white drudge; the fourth the gay black one. Or, to use the very incorrect Galenic phrases, the first is the sanguine; the second, bilious; the third the lymphatic; the fourth, the nervous temperament. These, compounded, form secondary types, as the bilious and lymphatic, forming the melancholic, so-called, &c.

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* This may be quite compatible, in some cases, with bad temper, in cases of disease, and with a sort of gaiety, in health.

Special localizations occurring, constitute "habits;" usually concerning most the excentric elements. Thus, the cortical part of the brain being habitually erethistic, in undue proportion to other parts of the same class-sphere, the "encephalic habit" results. If the liver, the "hepatic habit;" better called the "bilious," only for the danger of confusion. If the muscular system, the "muscular habit." If the genital system, the "hysterical habit."

Localized erethism, or even a tendency to actual local inflammation, it may be, will characterize these conditions, all being discernible by application of the ordinary laws of diagnosis.

Finally, the symptoms of *morbid* erethism, in the sphere of class one, is comparable with a blow-pipe flame; class two, with that of a kerosene lamp; class three, with the smouldering of "punk;" class four, with the flashing and sputter of nitre-paper.

It should be here remarked, that the above statement of the supremacy of the laws of diagnosis, is the proper answer to the query, as to why we assign to certain anatomical (nervous) spheres, the generation of typical temperamental peculiarities, reducible to four distinct classes, together with the like assignment of all medicinal actions to the same spheres, under the same classes. This has already been discussed, yet, here again, and once for all, it may be said that as the functions of nearly every minute part of the human organism are now well ascertained; normal or abnormal erethism, however caused, in any or all, is thereby easily mapped out and located, and its precise character diagnosticated. Therefore, the diagnostic study of Man, (healthy, or from idiopathic or medicinal causes, unhealthy) affords, as we think, a satisfactory solution to the problem; and so far as concerns the action of drugs, the chemical and pathogenetic records of our materia medica become the woof of the fabric, whose web is anatomy and physiology.

Whilst undue prolixity in such a discussion is to be deprecated, still, the practical utility of the proposed classification depends so intimately upon a clear view of the diagnostic points by which the classes may be promptly known, that the mere allusion to this will, it is hoped, justify a still greater minuteness of description. To this end, each class will now be reconsidered, *seriatim.*

Class I. Ganglionics; Organic Centrics.—The signs of erethism predominating in this sphere, are the following: Morale: positive, unswerving, uncompromising, direct and persistent (—or, in profound organic irritation, we see apathetic or stoical fortitude, or else imperiousness, anxiety, and concern;) irascible, even sarcastic in manner, or else very cold; independent, unsympathetic, (except in compound with class four), harsh, self-confident, impetuous, cheerful, energetic and untiring, impatient, prompt of action, opinionated, and a strong believer in "common sense." Rarely and exceptionally, insipid and shrinkingly repulsive, self-saving, and indifferent to the feelings of others, except from policy—a sort of *noli me tangere.* In attitude, stiff or politic; in gait, determined and positive, or apathetically deliberate and cool. Physiognomy: choleric, occasionally "magnetic" or else unimpassioned and even cynical; if perverted, insensible and cruel. Complexion: florid,* or else very pale, rarely brunette, and depending on the associated excentric elements. Gestures: rigid in men, prim in women. Tone of voice: authoritative, or "cheery," or else very reserved. Muscular movements: quick, or else automatically deliberate. Under pain: frantic, concerned, anxious, or else stoical. Appetite and functions: regular, tonic, automatic, instinctive; organic functions most marked. Periodicity of erethism: between the hours of nine and twelve, possibly extending to three o'clock, in the day time; also at night, during the same hours; especially twelve to three o'clock. When sick, visceral diseases predominate, and are either sthenic, or intensely "pernicious," *i. e.,* "congestive." The impatience becomes very marked, or it is suppressed by discipline into stoicism; or by the "pernicious" tendency, into apathy. Usually, he chafes, is head-strong, and greatly distressed, anxious, hot, and delirious, it may be, after midnight. Occasionally, instead, the alternative condition, reptile-like indifference, and colliquative, congestive depression, or even coma.

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* This redness differs from that of class four, in being more circumscribed, and lighter.

No one can fail to recognize Aconite as a type of the class of medicines showing their primitive effects in this sphere, and bearing the same names, viz: Organic Centrics, Ganglionics—Class I.

Class II.—Spinants—Animal Centrics.—The signs of erethism in the spinal centres are frequently, yet not always, found in the so-called "bilious temperament." The prevailing quality is self-poise! Keen, calm, conscious of *reserved* power—such a one is steady and persistent in pursuit of any aim, though quite equal to patient waiting on occasion; essentially a manager and controller; prudent, judicious, self-reliant; not easily diverted from the beaten track of experience and of self-interest. If perverted, monstrously selfish and unscrupulous, using for base purposes the power and ascendancy which he readily gains over the sympathetic, the aspiring, the unwary; and unrelenting, but cool in revenge. Manner, positive, yet self-poised and quiet; not stiff. In undisciplined persons, sometimes, a dull, almost stolid gravity prevails. Attitude, attentive and wary. Features, under steady control. Complexion, variably tinted with the associated excentric elements, and not characteristic, being pallid, florid, or swarthy. Gestures, decided. Tone of voice, resolute, steady. Muscular movements, firm, deliberate and rhythmic. Under pain, steadiness and fortitude, sometimes doggedness. Periodicity of erethism, 3 to 9 o'clock, A. M.—usually not sleeping much towards daylight. Appetite and functions, regular and tonic.

When sick, obstinate and surly, rather than headstrong. Motions resolute, whether hasty or deliberate. Suffering, if prolonged, makes him angry or dogged, or the self-poised mood of health may remain little changed. The aggravation of the pathological processes is mainly early in the morning.

Class III.—Anti-Ganglionics—Organic Excentrics.—Physically, extremely susceptible; mentally impressible, but not responsive; inert and yielding; often indifferent to danger and difficulty, but readily succumbing; tender, but not sympathetic, (except by admixture of class IV.) content to vegetate in any easy lot. Prone to embonpoint; not very firm of fibre. Very prone to organic lesions, which have here their principal domain. It is pre-eminently subject to chronic taints, and to insidious, rather than open disease; and has feeble vital reaction.* Physiognomy and manners, insipid, but sometimes gay. Muscular motions, sluggish, deficient in force. Attitude, indolent. Gait, gestures and tone of voice, indolent and easy. Complexion, translucent or muddy, according to galvanic (?) predominance, internal or external; (the former suggesting the *alkalies;* the latter, the *acids;* the medium skin, the *salines.*) Periodicity of erethism, most marked and typical, from noon to midnight; (less accurately in cases for salines and acids,) especially the first part of the night, as shown by imperfect sleep, &c., &c. In sickness, organic functions deranged, and organic lesions prominent, temper peevish or desponding, tending to exhaustion and collapse. Such are the typical traits of class III. But rarely, indeed, can these be found so predominant in a healthy human subject, as to quite overshadow other and higher qualities, especially if there have been opportunity of culture. Truth to say, mixture of all four of the qualities, to some extent, is the rule; the contrary, very exceptional; in fact, a sign of disease. The perfection of such combination, often too little valued, is happily illustrated in the persons of George Washington and U. S. Grant. The commingling is, however, usually observed in infinite diversities of proportion and intensity.

Class IV.—Anti-Spinants—Animal Excentrics.—Anatomically, the tissues of this class are somewhat mixed with those of class III., in the organs, but nervously connected with the spinal centres. This sphere may therefore be said to stand anatomically, as it does symptomatically, between class II. and class III.; resembling both, yet diverse from both. Its whole quality is such that with justice, it might be called the "Sympathetic Temperament."

It is essentially receptive of, and responsive to all impressions, physical and psychological. It includes, besides all the organs of sense, the muscles of animal life and the intervertebral ganglia; also, the so-called phrenological organs, of intellect, imagination and emotion, and is therefore eminently related to the spiritual nature of man. To these may be added, *partially*, the venous system, the heart, stomach, &c. It is illustrated in the walks of literature and art; but like the third class, finds no congeniality in fields of conflict, either material or spiritual. But withal, under the spur of provocation, is spiteful and passionate; and for the vindication of a sentiment or idea, is capable of *being led* to great deeds; but unless combined with a strong centric element, unfitted to lead; being wanting, not perhaps in self-conceit, but in self-sufficiency; in steady continuance in a given line of action, and in self-dependence; losing sight, it may be, of the end, in preoccupation with the means of its attainment. If in a military man, grand reviews will be preferred to battles, and pomp to the dusty march.

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* Medication must therefore be the more persistently pushed, particularly as to repetition of doses.

It is specially liable to enthusiasm, even to error; yet is the antagonist of the purely selfish and monopolistic centric forces in Man. It is that which binds together the social elements; is poetic and true, if the cause espoused be right, and the principle sound, but drivelling and rash when in the wrong. Pain appeals not in vain to it, and is exquisitely felt. Danger is fully appreciated, and greatly feared, unless curiosity, anger, pride, duty or affection hold a stronger influence—when enthusiasm overcomes the fear, and inspires, even to daring.

Interest, so powerful a motive with the first two (centric) temperaments, is here of a power altogether inferior to feeling and thought, which supersede dollars, houses and lands; though fame, power and place, with the *appendages* of wealth, are highly prized. It is tender and susceptible, readily yielding to the demands of taste, passion, friendship or affection; is subject to deception; liable to vacillation, to rashness and impatience; may be selfish, but is usually generous, somewhat prodigal; varies between gaiety and irascibility or melancholy; is, in short, when unbalanced by centric influence, sensuous, sensational, erratic and infirm, or fanatical and visionary.

The manners may be cheerful, kind and courteous; or if the feelings be ruffled, sad and despairing, or morose, spiteful and rude. Moodiness may rule the temper, and inspire the pen. The poets, Cowper and Byron, may serve as extreme illustrations; also, the many persons whom one meets, usually called "nervous." This temperament, indeed, is very nearly that which goes by that name.

It is, as it were, the basis of human qualities; having the other elements developed about it by circumstances, external as well as internal. Like all the rest, it may be either stimulated or held in check by will and education.

The attitudes, the gait, the gestures, the physiognomy, the tone of voice—all plainly declare the traits here stated. The facial complexion is, normally, finely and universally crimsoned; but certain localizations ("habit," aforesaid) and certain climates (as the tropics), and also certain modes of life, greatly affect and modify this. The organs and tissues of the sphere are of course active; the senses are quick; the eye is bright, meaning, restless; the features mobile and expressive; blushing readily occurs (in youth); the manners are sprightly. In sickness, languor and indolence, or great excitability and restlessness, change or exaggerate all these signs. Illustrated by *Gelseminum, Coffea, and Zincum.*

Partly for the sake of contrast, the two excentric temperaments may here be considered together more at length, as has already been done with the two centrics. Both excentric types of erethism and temperament being characterized in common by impressibility, as already shown, we repeat that they yet differ essentially in the fact that the organic type tends to inertia, whilst the animal is marked by sympathy and sensitiveness. The former bears repeated doses of medicine with ease; the latter is easily wrought up, even by high potencies, to violent aggravations, with febrile or nervous symptoms; especially if the medicine be foreign to this class. In the organic, the skin is comparatively flabby—varying in color with the "galvanic" relation of inner and outer parts; delicate, if the mucous membranes; darker and tougher when the skin is predominantly active. In the anti-spinal, however, it is either fine and crimson, or more dense and brunetté, or even leaden. The eye may in both be alike in softness; but in the anti-ganglionic is rather immobile; whereas, in the anti-spinal, it is much inclined to flash. The former is captivated by "creature-comfort;" the latter, by sentiment, feeling, thought. In both, the morale corresponds with these external and social characteristics.

Thus the anti-ganglionic tends to apathy, sadness, hopelessness, inertia—or else to the cool boldness of non-appreciation. The whole vital voice is organic. Disease here takes close hold of tissue; vital resistance is slight; anatomical lesion is set up (this being, indeed, its great sphere) very soon; close upon the heels, as it were, of functional derangement, or rather, coincidently with it.

On the other hand, the anti-spinal, whilst easily receiving impressions, is speedily roused to active response, and develops a keen appreciation of all influences, agreeable or otherwise; and is of changeable morale. Violent diseases may occur, in which, sometimes, excruciating pains are suffered; but withal, they do not equal, in shock to the vitality, and gravity of symptoms, similar conditions in the other sphere, with which, however, it is, we may again say, anatomically combined by contiguity; yet only a few of the worst cases in the anti-ganglionic sphere, equal the anti-spinal in external demonstrativeness, under pain and disease.

Extreme erethism in the anti-ganglionic sphere is commonly marked by utter prostration; in the anti-spinal, by spasm, paralysis or coma. In meningitis,* with effusion, the same may obtain in the *former*, also, combined with the proper class-signs; but in the latter, languor occurs, in lieu of real prostration.

The *periodicity* of the anti-ganglionic sphere has already been stated. That of the anti-spinal, or animal-excentric, is most varied and composite, as though made up of the periodicities of the other spheres; the most typical being compounded of morning and evening erethism, or any other two daily periods. Thus, the increase of erethism, marked by disturbed sleep, or uneasiness of some kind, may occur in the afternoon and evening, or evening and midnight, or midnight and morning, or morning and forenoon, or forenoon and afternoon, or morning and evening, or all day * only, or all night * only; and yet other combinations.

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* The cerebro spinal meninges largely involve class III.

In grave anatomical lesions, which involve all the four spheres more or less prominently, these periods, which seem to show the vital resistance, are in great measure suppressed, until restoration and convalescence begin.

Sometimes, even when clearly marked, it is impossible, owing to the influence of conventionality, obstinacy, or stupidity, to elicit from an individual any evidence of the real periodicity, except after the most rigid cross-questioning and explanation. Even then it is not always possible. In this, and all similar emergencies, we have to rely on objective class-signs, as physiognomy, manners and complexion, as well as the "keynotes," or "characteristics," "totalities," &c.; using any and all the means at hand for the proper selection of the remedy.

In sickness, as already stated, persons belonging to this fourth class will usually present a restless eye, nervous mobility, sensibility to pain, solicitude about their surroundings; or general feverish languor, with flushed face, suffused eyes, drowsiness and quiescence, or else irregular muscular motions. For such a state, attending a febrile or inflammatory affection, Aconite could not but be of doubtful advantage. Gelseminum would be probably curative.

In selecting remedies of the fourth class for persons of delicate skin, it is important to remember that the mineral drugs are very prone to act unpleasantly, the organic substances being milder in effect.

Certain symptoms, as before remarked, may prove deceptive. as indices of aggravation. Besides the illustrations heretofore given of this, the paroxysm of ague is a decided instance. Thus, the real exacerbation of the total derangement of the organism may correspond with class III., yet the paroxysm may begin early in the morning, the general state being more marked by vital activity than in its absence at evening. Then, the paroxysm being only a part of the totality of symptoms, ranks lower than the so-called collateral, and especially the apyrexial symptoms. In other cases, a real fever may be an

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* These are sometimes simulated by the third class.

amelioration, from a prior deficient reaction of congestive fever, as it is called. But, when the paroxysm and all other symptoms have coincident aggravation, the duty of prescribing becomes much simpler. Still, let it be borne in mind, that a really conservative action of the system may be mistaken for a genuine aggravation, and so mislead in the choice of a remedy.

Again, real indications may seem to conflict. Here, as in all things, we have to balance and decide between conflicting claims.

Lastly, early in acute diseases, class-signs may be undeveloped. Here, the cause and the usual temperament will be guides.

The excentric spheres afford ocular illustration of the anatomical basis of this classification.

Thus a nail lodged amongst the termini of the spinal nerves in the foot, has caused neuralgia or tetanus, or paralysis; amenable, early at least, to Hypericum, of the fourth class; here acting in its own class-sphere. Or, the papillary structure of the skin (anti-spinal tissue) is inflamed, as shown by a lens; forming an itching papular eruption. Denuded by scratching, it oozes a plastic, sticky fluid. Graphites, of the fourth class, is the remedy acting primitively on this same anti-spinal tissue, or papillary structure.

Again, an eruption, viewed by a lens, is seen to be located in inflamed sebaceous follicles, secreting tissues of organic life; and probably, Sulphur cures. Later, however, the nerve-centres becoming metastatically involved, or the other excentric sphere, with which it is contiguous, being attacked, other remedies of the like new class, as Dulcamara, or Ledum, may be required. The same may supplement the first remedy, when, under it, the cure remains incomplete.

The contiguity of the two excentric elements, just alluded to, and heretofore stated, is a most interesting and significant fact for the reflection of the physician. Whilst some may contend that it affords a scientific reason for alternation of medicines of two separate classes, and whilst all will see the occasional need of supplementing one with the other, it affords the strongest of reasons for the renunciation of a purely nosological or even histological choice of remedies, regardless of individual peculiarities of class and group, &c.; however useful these indices undoubtedly are in their proper place.

The presence of both excentric elements in any tissue, is to be understood as major and minor, by the anatomical predominances of each, known to every physician, and varying in the organs of animal and vegetative life, respectively.

CLASSIFICATION OF MEDICINES.

Class I.

"Ganglionics," "Organic Centrics," "Aconitum type," comprise the so-called "benumbing neurotics" of allopathy, viz:

Aconitum-napellus.
Veratrum-viride.

Class II.

"Spinants;" "Animal Centrics;" "Nux-vomica type," comprise the so-called "narcotics" and "bitters" of allopathy, viz:

Æthusa-cynapium.
Agaricus.
Aletris.
Arnica.
Belladonna.
Berberis-vulgaris.†
Cannabis-sativa.
Cedron. (?)
Chamomilla.*
China.*
Cicuta-virosa.
Cocculus.
Conium.
Cornus-florida.*
Crotalus.
Digitalis.
Drosera.
Dulcamara.
Eupatorium-perfoliatum.*
Helonias.
Hydrastis-canadensis.†
Hydrocyanic-acid.
Hyoscyamus.
Ignatia.
Kalmia.
Lachesis.
Laurocerasus.
Lobelia-inflata.
Nux-vomica.
Opium.
Quassia.
Rhus-tox.; and rad.
Secale.
Spigelia.
Stramonium.
Tabacum.

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* Allied to class IV., by the presence of volatile oil or tannic-acid, in large amount.

† Allied to class IV.

Class III.

"Anti-Ganglionics;" "Organic Excentrics;" "Pulsatilla type"—comprise the drugs known as "Acrids," or "General Irritants," by many, and divided thus: Group A.—The halogen elements, the alkalies and alkaline earths, with their carbonates, and borax. Group B.—The common acrids, some of which, by chemical constitution, are allied with the other groups, in inferior degree, yet so as to give occasion for preference in individual instances. Group C.—The salines. Group D.—The acids, in general. These groups, in the order named, approach in properties, class IV. Such medicines as *Apis*, *Bryonia*, *Causticum*, *Hellebore*, &c., which simulate cerebral action, appear rather to influence the meningeal tissues, in fact; those being decidedly of the organic periphery; notwithstanding the consequences to the animal functions. Therefore they properly belong to this class.

GROUP A.—ALKALIES, ALKALINE EARTHS, HALOGENS, &C.

Ammonium-carbonicum.
Ammonium-causticum.
Baryta-carbonica.
Borax.
Brominum.
Calcarea-carbonica.
Calcarea-caustica.
Carbo-vegetabilis—(contains Kali-carb.)
Causticum.
Corallium.
Iodium.
Kali-carbonicum.
Lithia-carbonica.
Magnesia-carbonica.
Natrum-carbonicum.
Spongia.
Strontiana.

GROUP B.—COMMON ACRIDS.

Many are allied with other groups or classes; a, meaning like group A; c, like group C; d, like group D; e, like class IV.

Aloes.
Antimonium-crudum. (e.)
Apis-mellifica. (c.)
Apocynum-cannabinum.
Arum-triphyllum. (e.)
Bryonia. (e.)
Caladium.
Calcarea-phosphorica. (c.)
Cantharis.
Carbo-animalis (contains Calc.-phos.) (c.)
Chelidonium.
Cinnabaris.
Clematis.

Colchicum. (a.)
Creosotum.
Croton-tiglium.
Daphne-indica. (e.)
Dioscorea.
Dolichos.
Euphorbium.
Gambogia.
Guaiacum.
Helleborus-niger. (e.)
Hepar-sulphuris. (c.)
Ipecacuanha. (a.)
Iris-versicolor.
Jalapa.
Jatropha-curcas.
Leptandra-virginica. (e.)
Lycopodium. (e.)
Mercurius-sol. (c.) viv. (e.)
and corr. (a.)
Mezereum. (e.)
Petroleum.
Phosphorus. (e.)
Phytolacca.
Podophyllum. (c.)
Psorinum.
Pulsatilla.
Ranunculus—bulb. and scel., &c.
Rheum. (e.)
Rhododendron.
Sabadilla. (a.)
Sanguinaria. (e.)
Sarsaparilla.
Scilla.
Selenium. (e.)
Senega.
Senna.
Staphysagria. (a.)
Sulphur. (e.)
Taraxacum. (e.)
Tartarus-emeticus.
Tellurium. (e.)
Urtica-urens. (e.)
Veratrum-album. (a.)
Viola-tricolor.

GROUP C.—SALINES.

Ammonium-bromatum.
Ammonium-muriaticum.
Kali-bichromicum.
Kali-bromatum.
Kali-hydriodicum.
Kali-nitricum.
Magnesia-muriatica.
Natrum-muriaticum.
Natrum-sulphuricum.
Sepia.

GROUP D.—ACIDS.

Acetic-acid.
Arsenicum-album.
Citric-acid.
Fluoric-acid.
Muriatic-acid.
Nitric-acid.
Phosphoric-acid.
Silicea.
Tartaric-acid.

Class IV.

"Anti-Spinants; "Animal Excentrics;" "Zincum type"—comprise the 1) alcoholic, 2) etherial, 3) fœtid, and 4) aromatic substances containing volatile oil ("stimulants" and "anti-spasmodics," of allopathy;), 5) oleo-resins, 6) gum-resins, and 7) most metals readily deoxydized, with their compounds ("anti-spasmodics" and "mineral tonics," of allopathy;) 8) substances largely composed of tannic-acid, and their mineral counterparts ("astringents," of allopathy;) some having repute as "narcotics;" (?) 9) includes oxalic-acid, glonoine, &c., symptomatically.

Æsculus.
Agnus-castus.
Alcohol.
Allium-cepa.
Allium-sativa.
Alumina.
Ambra.
Anacardium.
Argentum.
Argentum-nitricum.
Asarum-europæum.
Assafœtida.
Aurum.
Aurum-muriaticum.
Baptisia-tinctoria (3d class ?).
Bismuthum.
Bovista.
Cactus-grandiflorus.
Calendula.
Camphora.
Capsicum (like class 3).
Caulophyllum.
Chimaphila.
Cimicifuga.
Cimex.
Cina.
Cistus-canadensis.
Coccus-cacti.
Coffea cruda.
Collinsonia-canadensis.
Copaiva.
Crocus.
Cubeba.
Cuprum.
Cuprum-aceticum.
Erigeron-canadense.
Ether.
Euphrasia.
Ferrum.
Ferrum-muriaticum.
Gelseminum.
Glonoine.
Graphites.
Hamamelis.
Hypericum.
Kino.
Ledum.
Lupulus.
Lycopus-virginicus.
Manganum.
Mephitis.
Moschus.
Myrica-cerifera.
Nux-moschata.
Oxalic-acid.
Paris-quadrifolia.
Platina.
Plumbum.
Plumbum-aceticum.
Pothos-fœtidus.
Prunus-spinosa (class 2 ?).
Ratanhia.

Rumex-crispus.
Ruta.
Sabina.
Sambucus.
Senecio-aurea.
Stannum.
Symphitum.
Tanacetum.
Terebinthinæ-oleum.
Teucrium-marum-verum.
Thuja.
Trillium.
Valeriana.
Xanthoxylum-fraxineum.
Zincum.
Zingiber.

This paper would be quite deficient, in the absence of any clinical record confirming and illustrating its positions. The cases following are therefore added. I need make no apology as to the potencies used; since I have no predilections to defend, although, from successful habit, I ordinarily employ Lehrmann's 200ths, or grafts from the same. Another, accustomed to succeed with other preparations, might manage such better than these; and whatever a physician be thus accustomed to, it is certain he will commonly do the best with that of which he knows the most, whether the potency be high or low. All admit, however, that to succeed with the high, the remedy must be accurately chosen, whilst with the low, inaccuracy is, although a great disadvantage, a less palpable evil than in the former case. Hence, any method of selection which secures success in the use of the high, particularly in acute cases, must command the interest of all.

As will be observed, the cases are adduced in the order of the classes.

CLASS I.

Case 1.—A healthy, fair babe, exposed to dry, cold air, took cold, with violent sneezing, accompanying cough, aggravated after nine o'clock, forenoon.

Acon, ^{200}, three doses, at intervals of three hours, followed by Sac.-lac.; cured at once.

Case 2.—An old lady, had typhoid fever some weeks ago; cured by homœopathy; now suffering from diabetes insipidus. Rather urgent in her desire to be waited on, in good season. Has to rise to pass water, often, at night, especially between twelve and three o'clock.

Aconitum ^{1000}, Jenichen, one dose; well, in a few days after. Two weeks later, symptoms of incipient cataract were reported. This will be noted under class II.

Case 3.—A "sanguine" woman, suffering for a week from gastric irritation, yet indulged in crude food. At midnight, taken with horrid pains in the stomach, for which she got stimulants, which aggravated the mischief. Found her greatly agitated; hot skin; tense, frequent pulse; things all look dark to her; severe tenderness of epigastrium.

Aconitum, ^{2000}, Jenichen, in water, at intervals of twenty minutes to two hours; four doses relieved. Twenty-four hours after, found the case in class II., that is to say, with constipation and flatulence, with some tenderness of epigastrium. Inability to sleep well towards morning. Self-poised manner. Nux vom. ^{200}, one dose. Cured.

CLASS II.

Case 4.—An old gentleman, who but rarely can sleep after 3 A. M., got dysenteric diarrhœa, the periodicity being in the morning, the manner self-poised; complexion rather swarthy. Nux vom., three doses, at intervals of three hours. A few days later, reported prompt relief of the straining; but now, copious thin stools, preceded by colic; worse early in the morning. China, ^{200}, dry; three doses. Cured at once.

In the army, the same experience was many times repeated, often in cases of lientery, but with low potencies, usually.

Case 5.—Same as case two. Dimness of vision, with an incipient cataract, easily seen in the left eye. Bad sleep towards morning. Self-poised manner. Conium, ^{200}, one dose. Cured in about ten days.

Case 6.—A young soldier, wounded, and suffering from copious thin stools. Complexion, milky white; manner self-poised, earnest; morning aggravation. Got China ^{6}, repeated doses, no relief. Cured at once by Dulcamara ^{6}.

Case 7.—A lad in Illinois ran a splinter beneath his finger-nail. Next day, got the ague, at 6 A. M. Self-poised, steady manner. Paroxysms averted by Arnica ^{30}, one dose at bed time.

Case 8.—A pregnant lady, usually of happy and lively temper, got severe cramps in the back part of the thighs, when lying on her back; worse, by far, after 3 o'clock in the morning. For the first time seemed to regret her pregnancy; felt surly about it, almost weeping from impatience. Cured in a few hours by Ignatia ^{200}, three doses.

Case 9.—A fine child of ten months, a girl, brunette, teething. Became very violent in manner; screaming angrily, jealous if her little brother received any notice; trying to take off her night-gown, and kicking away the bed covers at night. Bad sleep towards morning. Resolute, steady manner, in general. Cured promptly by Hyoscyamus, ^{200}, three doses.

CLASS III. Group A.

Case 10.—A lady, of very white and tender skin, had neuralgia of the right side of the face; worse, evening; bad sleep before midnight. Feet damp and cold. Passive manner. Cured by Calcarea ^{200}, three doses.

Case 11.—A young lad, of very fine skin, blonde; had all his life, nocturnal enuresis. Worst before midnight. After slight effect of other remedies, cured by a few doses of Causticum 30, taken at intervals of forty-eight hours.

Case 12.—Group B.—An elderly lady, of medium complexion, got dysentery—mucous stools, blood-streaked; worse, evening; bad sleep in the first part of the night—easy manner. Cured by Mercurius-sol. ^{200}, (c.) three doses.

Case 13.—A very young child, of delicate skin, had, on waking from sleep towards evening, fever, vomiting; then, convulsions with general stiffness and blueness; then, falling asleep. Relieved after Ipecacuanha ^{200}, (a.) one dose.

Case 14.—An elderly lady of tough skin had diarrhœa, watery and painful, Veratrum did no good; got worse towards night; severe cutting pain before each stool, only. Afraid to cause trouble; quiet manner. Rheum ^{1000}, (e.) three doses. Cured.

Case 15.—A new-born babe, after its mother had taken medicine, got paroxysms of crying, lasting all day; quiet all night. On examination a red streak was found on the diaper where the urine flowed. Swarthy complexion; passive but sensitive manner. Relieved after Lycopodium ^{200}, (e.) Lycopodium is usually marked by evening aggravations.

Case 16.—Group C.—A lady, of medium complexion, pregnant, complained of a bad taste, as if she had taken Epsom salts. Periodicity not decided; manner despondent. Relieved by repeated doses of Natrum-sulph. ^{1000}.

Case 17.—A lady of medium complexion had symptoms of prolapsus uteri, with goneness in the pit of the stomach, weak feeling and dragging in the back and hips; depressed manner. Relieved by repeated doses of Sepia ^{200}.[*]

Case 18.—Group D.—A middle-aged lady, brunette, was seized, at 10 P. M., with agonizing pain in the right iliac region; (typhlitis;) got worse speedily; twisted and rolled and constantly changed her position; could not bear a breath of cool air; better by hot applications; not thirsty. Cured by six doses of Arsenicum ^{200}.

Case 19.—A gentleman of swarthy complexion had yellow fever; treated allopathically. Afterwards complained, impatiently, but in a jocose manner, that his "spleen filled half his abdomen." He was himself a physician. Relieved after one dose of Nitromuriatic-acid, strength of the U. S. Pharmacopœia; ten drops in water, two ounces.

CLASS IV.

Case 20.—A swarthy lad, got cold feet and hands, and general chilliness towards night, followed by heat all night, with sleep; throat sore and full; sensitive manner. Cured by three doses of Gelseminum ^{1000}.

Case 21.—A babe, brunette, recovered from whooping cough; took cold; coughed and retched; worse afternoon; sleepless towards morning ("composite periodicity"); excitable manner. Cured by three doses of Cuprum ^{200}.

Case 22.—A rosy, excitable lady got measles, which did not come out well, until after Pulsatilla. Then, had fever every day, after 12 o'clock, noon, with much excitement, until night. After Aconite, became wild and restless, vomiting and purging, early in the morning; both watery, smelling and tasting of fæces. Relieved immediately by one dose of Coffea ^{200}. The excitable morale, the composite periodicity, and the natural high color, are proper to class IV. But some "nervous" cases have only a sickly color; and the same occurs in organic disease.

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[*] Sepia, a marine animal, of course represents the saline constitution of sea-water.

Case 23.—A pregnant lady, of sensitive temperament, got colicky diarrhœa; cutting pain only *with* the stools, doubling her up; sickly appearance; worse evening and morning. Relieved by repeated doses of Colocynth ^{6}.

Case 24.—A little girl, whose sensitive cutaneous surface had been exposed to the heat of the weather, and to cold, also got diarrhœa, large, thin, painful stools; sitting on the vessel, screaming. At other times drowsy, sleeping much. Skin cool. When awake, sensitive and peevish. "Composite periodicity." Cured by Nux-moschata ^{200} epeated doses.

The foregoing are illustrative cases, nearly all from recent practice, of the use of this classification. A few may now be added, showing the proper procedure in cases of conflicting indications.

Case 25.—The same child last mentioned, afterwards got a paroxysm at night, early; waking and calling "mamma!" "mamma!" hardly to be pacified, and on recognizing the mother embracing her, pushing her away again, going to sleep and again waking and crying for help, in the same way. Loose stool in the afternoon. Repulsive mood, dogged, in the daytime. Cured by Stramonium ^{200}, three doses; but developing sore throat, with a herpes-like eruption on the fauces, and inability to swallow water, or soup containing pepper. Stramonium of class II. cured, despite evening periodicity, the morale being suitable; but drug-symptoms intervened. The more perfect the class correspondence, the greater immunity I find, from drug-symptoms and aggravations prior to cure; the more opposed, the more of these I see.

Case 26.—Colic, in a young man, occurring at 2 A. M., and growing worse. The least motion increases it. Relieved by lying on the abdomen. Gave several doses of Bryonia ^{200}, of class III., regarding these characteristic symptoms as superior to the class indications of periodicity. Cured promptly.

EXPLANATION OF THE DIAGRAMS.

Plate I., represents the stages of irritation, partly as observed under the microscope, and still more as diagnostically inferred from the symptomatic development, progress and termination of diseases; not only the idiopathic but especially the artificial, as observed in the provings of drugs. The upper portion concerns large doses; the lower, the high potencies.

Engorgement of the dilated capillaries, following contraction, being the most patent characteristic of irritation, as this is of diseases, in general at least, the appearances of the blood-vessels are adopted as the type of the whole morbid process. Mutations of calibre and color are therefore figured in the plate, and lettered from A to D; repeated as often as necessary, in the several series.

Each grade of doses is represented as affecting three main regions, viz:

1. Region of Initial Irritation.
2. Region of Direct Nervous Connection.
3. Region of Reflex Nervous Connection.

The first, as receiving the first impression of the drug or other irritant.

The second, as lying at the other end or pole of the same nerves with the first.

The third, as being indirectly associated with the first, through a nerve-centre common to both.

Extensive vascular fullness in either region, we call "fever."

For each region are figured six stages of alteration of calibre, &c., under irritation, beginning and ending with the normal condition. The first four placed above the heavy dividing line, and designated "Primary," according to Hahnemann, signify the advance of irritation in its main phemomena. The last two stages are placed below, and are designated "Secondary," according to Hahnemann's doctrine of drug-effects, signifying the subsidence of morbid processes, so far as they have not become chronic; being the effect of vital resistance of the total organism, the so-called "reaction."

The mutations of calibre, &c., resulting from large doses, are taken as typical; and of these, the region of initial irritation presents the most regular succession of stages. These are lettered, from the normal state, A, to anæmia, B; hyperæmia, C; and inflammation, D; successively; and in the secondary division subsiding to C, and again to A. The same letters represent the same conditions throughout all the series. Should the attention of others be so directed to the subject as to either confirm or correct the diagram with respect to the less known series, its object will be equally attained. The first presents essentially the phenomena which have long been accepted, and may be at any time witnessed in the experiment with the web of a frog's foot. The remainder are the result of diagnostic inference, on the basis of the preceding.

All careful provers, having both the opportunity and the capacity for observation, will, it is believed, recognize the importance of assimilating the irritation, mainly functional, and therefore characteristic and subtle, which results from experiments with the higher potencies, with the cruder changes proceeding from large doses. No other reason need be named for the presentation of the latter half of the diagram.

Accompanying the vascular changes, as is well known, other phenomena are found in irritation. What the natural order of events may be, is a fair subject of question, but need not be here argued. The events themselves, however, are essential in varying proportion, to the irritative process which forms so large a part of the many conditions which we call disease. A resume of these events is consequently here needed, a single feature being presented in the diagram.

The first series of low potency irritation furnishing the type, the stages may be stated thus:

PRIMARY.

1. HEALTH. A.

Normal vascular calibre, engorgement, exudation, tissue-proliferation and functional power; general comfort; equable vigor.

2. ANÆMIA. B.

Diminished vascular calibre, engorgement, exudation, tissue-proliferation and functional power; chill; shock; venous stasis.

3. HYPERÆMIA. C.

Increased vascular calibre, engorgement, exudation, tissue-proliferation and functional power; fever; arterial fullness; cardiac excitement.

4. INFLAMMATION. D.

Excessive vascular calibre, engorgement, exudation, tissue-degeneration and loss of functional power; general depression; exhaustion.

SECONDARY.

5. HYPERÆMIA. C.

6. HEALTH. A.

In the transition from B to C, the status of A is developed, of course. At this juncture, a little care, with a single dose of the similimum, cures. (*Camph.*, *&c.*,)

The precise *localization of any irritation* is very much determined by the temperamental susceptibilities of each individual for himself, within the range of nervous connection.

Plate II., Figure 1, represents the double and opposite effects of each drug or other irritant, Ipecacuanha being the example. Large and small doses are alike in being capable, with varying constitutional susceptibilities, of developing both kinds of effect; one* of which is mainly the specific drug action, ("primary;") the other being mainly the complementary vital reaction, ("secondary;") in the case of Ipecacuanha emetic and anti-emetic, to speak crudely. But the doses differ vastly in the degree to which each effect is produced by each. The primary drug action is the cardinal effect of large doses; the secondary vital reaction, that of the high potencies. Thus, the large doses are mainly emetic; the infinitesimal, anti-emetic. At an indefinite point between these, each individual finds a dose which for the time is absolutely inert, being neither emetic nor anti-emetic. This inert or neutral dose is in the diagram stated at one grain. The crossing of two diverging lines at this point produces an increasing space, illustrating increasing effect, in each direction; the left, marked successively "15 grains," and "30 grains" signifying increasing emetic, and the right, marked "15th attenuation" and "30th attenuation," increasing anti-emetic action.

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* All effects are, strictly speaking, compounded of the drug-impression and vital response; but the latter becomes more marked, late in the process.

Figure 2 represents, by an elastic spring, firmly erected, the vital forces and functions, in their totality—the so-called vital principle—(which yields to an irritant impression in the direction of inflammation) a ball striking it from the right, giving it a sinister impulse. Secondarily, by its elasticity, it returns, (representing vital reaction,) with sundry vibrations, illustrating periodicity, to its normal state; and expelling the abnormal agent. The morbid condition and action of the forces, both here and in life, consists in a disturbed equipoise; the reaction, with whatever fluctuation, effects the restoration of the same.

This plate therefore applies solely to dynamic, as does the first to material, derangements; both coinciding.

Plate III. Temperaments and drug effects present like anatomical relations.

The temperaments are defined to consist of predominant erethism of a nervous origin, dependent on unequally active nutrition, in most persons, of some one of the cardinal nervous spheres or elements. These spheres, four in number, are here figured; the fourth, twice. They are classed accordingly; but variations occur in disease and from culture.

The medicines, having general anatomical affinities, (in entire harmony with their distinct individualities,) are classed, accordingly as they, by virtue of those affinities, possess the power of creating artificially, a similar predominant erethism, and unequally active nutrition, in either of these four anatomical spheres, as here figured. This is, in each case, the general sphere of their initial action, as shown by provings, &c.; the effect being propagated thence to all other parts by "sympathy," *i. e.*, by nervous association.

The four classes (of both temperaments and drugs) are named from the corresponding four cardinal nervous spheres, or elements, as here represented. The class-spheres of medicines being recognized by provings, by use in disease, and by chemical alliances, as already stated.

The nervous system is regarded as consisting of two grand divisions, organic and animal; respectively concerned mainly with the tissues, organs and functions of "organic" or "vegetative," and those of "animal life;" the former being the "great sympathetic," the latter, the "cerebro-spinal." Each of these has a centric element, and also a peripheral or excentric portion.

The *organic nerve-centre* is admitted to be formed of the *ganglia* of the so-called *great sympathetic nerve.* The fibres going thence, locate themselves, mainly, in the tissues of organic life, the viscera, arteries, and valveless visceral veins, and serous membranes, partially. This *latter* sphere is the *organic nervous periphery.*

The *animal nerve-centre* is the *spinal cord,* with its gangliar prolongations at the base of the brain; consisting essentially of the ultimate roots of all the cranial and spinal nerves, inclusive of the roots of those which radiate thence to the cortical portions of the cerebrum and cerebellum. All the *remainder* of the cerebro-spinal system is *excentric,* constituting the *animal nervous periphery.* Included in this, the animal excentric element, are the tissues of animal life, *i. e.,* the cortical portion of the cerebrum and cerebellum; the cranial and spinal nerves, to their termini, exclusive of their roots; the intervertebral ganglia; with the organs of sense and voluntary motion, and the general venous system.

These are the "four cardinal nervous spheres or elements."

The centric elements are for convenience first numbered; afterwards, the excentric; the organic in precedence; the corresponding classes of temperaments and of drugs receiving the same numbers as well as names.

The circles of the diagram are divided to represent a dial, with each three-hourly period of the day noted thereon. The anatomical figures, which are intended to show at a glance, the grand divisions and cardinal elements of the nervous system, are made to occupy those spaces in the dial which set forth, of their general characteristics, one which is of the first rank, viz: their usual range of periodicity; class 1st, 12 to 3 o'clock, A.M., and 9 to 12 A.M.; class 2d, 3 to 9 A.M.; class 3d, 12 M. to 12 P.M.; class 4th, composite, and typically, evening and morning.

The appropriate numbers and names are appended, including, under each heading, the name of a typical drug of such familiar character as to suggest its affinities, in a very general way, however.

The list of the medicines, under these class headings, subdivided to some extent, as explained in the text and in the list itself, is added, in the proper place.

ARTICLE XLVI.—*Hæmorrhagic Malarial Fever; or Icterus Hæmorrhagic Uric Fever.*—By JOHN H. HENRY, M.D., of Selma, Alabama.

PATHOLOGY. From the name of this disease we understand a pathological condition caused by malaria, characterized by hæmorrhage, confining itself almost exclusively to the mucous membranes, and more especially to the kidneys and bladder. The hæmorrhage is the result of exhalation or transudation. The urine at times is but slightly colored on account of the small quantity of blood in it; a large quantity colors the urine a cranberry or dark coffee color depositing a pinkish or dark hue, according to the stage of the disease. This condition, in my opinion, is caused from a combined poison in the system, of Quinine and Malaria. I have seen no case of pure fever where the hæmorrhage was present, unless the patient had been excessively drugged with Quinine for chronic chills and spleen-disease, caused from frequent attacks of malarial fever. In every case brought to my notice, the Quinine poison-symptoms, spoken of so forcibly by the immortal Hahnemann, was marked and striking. All the internal viscera are congested; the spleen in most cases is enlarged. The circulation is very active before the congestion, attended with increased biliary action and secretion, caused by an unnatural product in the circulation, producing a poisonous impression on the cerebro-spinal and organic nerves, and through them depressing the functions of the liver, spleen, and kidneys, relaxing the coats of the capillaries, permitting the transudation of defibrinated and disintegrated blood. This disease has all the pathological indications of malarial poison, as shown by the peculiar appearance of the tongue, large, flabby, with blue appearance, with crimped edges. Specific symptoms of malaria: bronzed skin, nausea aud hæmorrhage are the strong diagnostic symptoms of this formidable disease. It is peculiarly a blood poisoning, acting on the vital nerves, giving away for the want of healthy blood.

This new variety of Quino Malarial Fever is attended with the following symptoms:

CLASSED SYMPTOMS.—*Head.*—Pains in the head, extending from front to back, spasmodic pains, jerking in the head, fullness of the head as if the brain was too large for the skull. Pain extending from the back of the head, down the neck, drawing, jerking, cold creeping of the scalp, with great coldness and dryness of the hair. The hair looks dead and parched, during fever hot and dry; the eyes painful to light, pain extending deep in the eyes on closing the eyes; pupils dilated, contracted in the last stage of the disease; ears cold and hot, alternating pains, as if neuralgia in the outer and upper wings of the ear; the nose pinched, bluish yellow.

Mouth.—Dry, the mucous membrane of the mouth and throat refuses to act, or secrete saliva, has a bluish cold color, with scarcely any heat; the tongue bluish, coated thickly over the middle with dusty fur, the margins clean, with edges deeply crimped; petechia spreading over the mouth and nose, hæmorrhage from the mouth and fauces.

Chest.—The respiration is sighing and oppressive, with frequent complaints of constriction of the larynx; the lungs feel full of blood clogged up, with pain in the left side in the region of the spleen; trembling, spasmodic action of the muscles of the chest, with spasmodic cramps of the chest and limbs.

Stomach.—Nausea, vomiting, loss of appetite, great thirst, uncontrollable desire for acids; dead weight and spasmodic pain in the region of the liver and spleen, as if lead was in the side, attended with pain and congestion of all these organs.

Bowels.—Not much deranged from natural: constipation; thick, mushy, dark, black, watery, coffee-ground, moody; foamy, moody water; rumbling, relaxed, weak feeling in the bowels; very offensive hæmorrhage from the bowels.

Back.—Pains in the back, in the region of the kidneys, great weight, pain in the neck, trembling and spasmodic jerking up and down the back.

Extremities.—Twitching of the upper and lower extremities, with great desire to move them about; spasmodic pain in the extremities.

Kidneys and Bladder.—Pain and fullness in the kidneys and bladder; great weight. The urine is of a claret or coffee-ground color, at times almost pure blood, depositing a purplish dark hue, according to the length and stage of the disease.

Skin.—Deep yellow, bronzed, dry, parched, and shining with an ashy dead appearance.

Mental.—Dejected spirits, great fear of death, restlessness.

Symptoms: Mixed-up or general chill, followed by high fever, passing off with free perspiration; the fever returns after slight chill, accompanied by a dark bronzed skin. Nausea and vomiting with pain in the back, attended with incessant thirst, restlessness, sighing, frequent, quick, feeble pulse, attended with a low form of fever; tongue thick with crimped edges and broad margins, with blue fur over the middle, tip clean.

Constipation, debility; diarrhœa, black or bloody, large and watery, resembling the urine. Pains in the head and back; hæmaturia, with slight oozing of blood from the fauces and mouth; trembling, with great difficulty in protruding the tongue, making two or three efforts before it is accomplished. Copious hæmaturia, with bronzed skin; urine dark-red or deep coffee color, depositing clots without odor, discharging a full quantity frequently during the day, alternating between the hæmaturia, with deposit of albumen and coffee-colored urine; at times clear and limpid. Complete suppression of urine, when drawn off it was clear. Spasms of the chest and extremities, with hurried spasmodic breathing.

TREATMENT. — 1 *Tart.-emetic, Gelseminum, Strychnia, Phytolacca; as by Arsenicum, Oil Turpentine and Hamam.* *Tart.-em.*—Used to vomiting, ii. grs. to water ℥viii. half at a dose until vomiting, assisted by warm water.

If fever with pain in the head, Gelseminum five drop doses in water every hour or two.

To prevent the cold stage give Strychnia $^1/_{20}$ of a grain every two or three hours in the place of Quinine.

If the fever is high with urine of high specific gravity and copious deposits of Lithates and albumen, indicating active congestion or subacute inflammation of the kidney, I resort to table-spoonful doses of the tea of Phytolacca, or five to ten drops of the Tincture every two hours.

Arsenicum.—If low forms of congestion attended with most or all the alarming symptoms of Arsenic, give strong appreciable doses of Fowler's solution of Arsenic, or any of the preparations of Arsenicum; Strychnia and Arsenicum are the pillars to build our hopes on in the treatment of this most dangerous disease, after the free action of Tart.-emetic.

Oil Turpentine. Bloody urine, bloated abdomen, general congestion x. gtt. in mucilage, repeated according to the indication of symptoms, using externally on a bandage, if needed.

Hamamelis and Tannin.—Bloody discharge from the kidney and bowels, used in large doses by injection and by mouth.

Tannin can be used only as a palliative, to check the bowels, given internally and by injection.

Chemical or Disgorging Remedies.—Hypo-sulphate of Soda.—This remedy is only used to produce free action of the bowels, if Tart.-emetic fails. Give from one to two drachms, two or three times, to keep the bowels and kidneys active; it must not be used after the third day.

Chlorate of Potash can be used as the physician thinks indicated, assisted by Muriat. Tinct. of iron. These two remedies are most valuable to clear the blood of the uric poison.

Gallic-acid and Mercury.—The two latter remedies are also indicated by symptoms that will suggest themselves at the bedside.

Cold Pack and Brandy.—These two are most valuable adjuncts to assist in expelling the poison that has taken such deep hold on life: keep then the patient in the cold pack when the fever is high, two or three hours, and administer brandy and water until free perspiration, keeping a hot brick to the feet.

The Dose.—This disease is becoming alarming, drawing the best citizens of the South to more Northern climates. They all say, they fear the yellow disease. It prevails during the winter in a milder form, assuming every year for the last three, a more malignant form and becoming more frequent.

We must look for it every year, and prepare to break it as a new phase of the malarial fevers of our country. I beg, in conclusion, the members of the Homœopathic Brotherhood may enlighten to profession on this most formidable enemy to human life, only so far as I know, to the white man, as I have never seen or heard of a case in a negro. The treatment here recommended has been successful in nineteen cases out of twenty, while under Aconite, Bell., Cantharides, Quinine and Mercury, with the small dose theory, mostly all cases died. The dose here recommended has proved successful; while small doses have failed to have any effect in the disease. Besides, if I understand the homœopathic law, it says nothing about the dose, but leaves the physician to ascertain the dose by judgment, fact and experiment. If I give 1 gr. of the extract of Stramonium in neuralgia, it is just as true a homœopathic specific as the 30th, and, in my opinion, more apt to cure. I would like to see a case of syphilitic nodes cured with the 6th, 30th, or two hundreth of Mercurius or any other homœopathic remedy; but it can be cured positively with Phytolacca in small doses; it acts almost as a specific. We are then all Homœopathists, whether we give 10 grs. of Calomel or the 10,000th dilution, so we prescribe the remedies according to the comparative symptoms. Each of the above remedies recommended in this disease, is prescribed strictly according to the homœopathic law: *Similia Similibus Curantur.*

ARTICLE LXVII.—*Cases from "Hausmann's Causes and Conditions of Disease."* Translated by S. LILIENTHAL, M.D., of New-York.

(Continued from page 215 of the November No., 1868.)

1. BRONCHOTOMY FOR ŒDEMA EPIGLOTTIDIS.

BARBARA CERNY, a brunette, of strong constitution, always regularly menstruated, 22 years old, in the enjoyment of good health, except some slight throat-affections, was on the 25th of Oct. during washing again attacked by sore throat with hoarseness and dyspnœa. This getting worse, she was admitted in the hospital, to have the operation of bronchotomy performed, on account of the danger of suffocation. When I saw her, six hours after the beginning of the disease, about 8 o'clock in the evening, I did not consider the operation of immediate necessity. Although the patient breathed very hard with rough, sharply hissing, prolonged inspirations by fits and starts, with severe agitation of the muscles of the chest and neck; still the pulse was plainly discernible, 96, the heat of the body normal and the features not much altered. I ordered Inf.-ipecac., remarking that I expected from the emetic alleviation, at least for the night. But our patient protested with violent gesticulations, as she would suffocate during the night, "help me quick, right off" she lisped, pointing continually to the larynx, "for here it is, what keeps me from breathing."

Examining the cavities of the mouth and nose we found a slight catarrhal swelling of the tonsils with dark redness of the fauces and the uvula, the tongue coated white; on the base of the tongue was a thick, hard, elastically stretched, smooth, round tumor, of the size of a small walnut, which was easily recognized as the greatly swollen epiglottis. It stood erect, the front surface roundly convex, the posterior somewhat concave, both perfectly smooth, the puffy edge between them uneven, slightly indented and rough. The mucous membrane behind it showed a soft swelling; and we diagnosed therefore a high grade of *an œdema epiglottidis and of the ligamenta aryepiglottica,* partly hard and partly soft and loose. Externally on the neck nothing abnormal, except considerable swelling of the external jugular and the median-vein. The thyroid gland was not large, neither was any external œdema. —The thorax showed in its entire circumference a remarkable tympanitic resonance. Neither vesicular nor any other respiratory murmur could be heard in the lungs, the thorax seemed to move up and down, without inspiring any air. The expiration was only a sudden relaxing sinking down of the thorax, raised to the utmost during the inspiratory effort, a moment of rest, as it were for the overworked inspiratory muscles. But that the patient could expire with more ease, than inspire, showed the power, to expel a few words, so that they could be understood, although uttered only with a weak, hoarse and lisping voice. The dyspnœa rose with every minute, and I scarified therefore without delay the tense tumor right and left pretty deeply, but only a small quantity of black blood was brought up with the greatest effort. The dyspnœa increased steadily and degenerated suddenly in a severe attack of orthopnœa, with terrible convulsions of the whole body, followed in a few seconds by an equally sudden relaxation. There laid the patient, terribly distorted; the face, pale yet a few minutes ago, now black and cyanotic; the eyes protruding; the muscles, shortly before so wildly agitating and untameable, now relaxed as in death, the head sunk down on the chest, pulseless and without breath—to all appearance as if life had left her.

At this terrible moment I thrust, without any preparation whatever, the bronchotome immediately into the ligamentum-conoideum, when at the same time my only assistant tried to revive her by fanning and sprinkling with cold water. With difficulty I could widen the blades in order to introduce the canula. No air passed through—no other sign of life—all seemed lost. We now tried artificial respiration, whereby air passed freely through the canula. Encouraged hereby, we continued steadily the compression of the thorax, although our hopes fell from minute to minute. There was no indication, to blow in air, as the canula was free and took in a considerable quantity of air at every energetic compression of the thorax, and especially, when I compressed the thorax steadily and with force on its side, and then suddenly let it go; thus, it seemed to me, respiration was best imitated; and we continued on for ten long minutes, till at last a light spontaneous breath was heard, a hissing inspiration far different from the passive taking in of air; after a few seconds a second, then a third a little longer, till with continual aid, we brought on a continual deep-sighing respiration. But still our patient laid without motion, a picture of death, with unchanged cyanotic face, and staring pupils of the lustreless protruding eyes. Already with the first inspiration, a light motion could be felt in the heart and on the radial pulse, now steadily increasing in strength. After five minutes more, slight muscular twitchings in the face, then severe convulsive motions of the extremities and of the whole body, so that I had great trouble to keep the canula in its place. *Life returned in the same way, as it had* *vanished.* Happily the storm soon abated, to give room after two minutes or so to a quiet slow and satisfactory respiration. Pulse and beat of the heart 100—110 in the minute. But the face still kept its terrible staring aspect, the cyanosis lasted still for 10—15 minutes, during which time the patient was perfectly unconscious. The coming to began then in a very restless manner: with sudden terrible startings, anxious throwing about of the head, and with quick precipitated breathing, so that a new suffocative attack threatened, which was only warded off by the canula. Understanding clearly, that our patient still labored in her awakening memory under the fear of suffocation, without being conscious of the operation performed for her salvation, I explained it to her, and drew her attention to her own easy breathing. Now her look and the whole expression of her face cleared up as the cyanosis faded away. Patient complained of dryness of the mouth and drank with great satisfaction and without the least difficulty a cup of tea. I remained with the patient for a good while yet, but it seemed strange to me, that the canula remained so dry, no tendency to cough and not the least trace of blood or bronchial mucus. The perfectly noiseless breathing proved, that the canula remained in its place. But after half an hour patient began to be restless again, as the air entered only with difficulty and in small quantity. I begged her to cough, but the attempts to do it were in vain. The dyspnœa increased again, till I succeeded with a probang to draw out to the mouth of the canula a lump of reddish white coagulum, removing it then carefully with small pincettes; and then the air entered freely again. It was a thick tough fibrinous coagulum, like a long leech, falling to the bottom in water, disentangling itself in several branches, and breaking up during the night in small light flocks, which swam on the water.—Henceforth the canula remained free during the night, and patient slept quietly and sweetly, so that she awoke in good humor and apparently perfectly well. I found her in the morning smiling and sitting up in bed. Not the least trace of disease in the serene face; pulse 80, respiration 19, heat of body normal, tongue moist, with a whitish coating, appetite good. The canula did not molest the patient; it was taken out without difficulty, cleaned and put in its place again.—Air entered already by the nose, for the tumor of the epiglottis was less swollen and softer. The percussion of the thorax still gave the same results as yesterday; everywhere tympanitic resonance; the respiratory murmur in the region of the bronchia; between the scapulæ and below the clavicles clear somewhat whizzing, farther down and on the sides of the thorax, hardly perceptible.

27th and 28th Oct. State of patient satisfactory, the canula was cleaned twice daily, and on the evening of the third day left off entirely, as she breathed well and free. The wound was covered with a piece of adhesive plaster and healed by the first intention without the least infiltration. On the ninth day it was entirely closed. The œdema of the glottis passed off favorably, although the epiglottis remained thickly puffed to the 8th day, so that I feared already a chronic remaining intumescence; but after the 9th day it decreased rapidly and by the 12th not a vestige of it was seen. On the contrary the epiglottis appeared thin, perfectly smooth and elastic, and laid closely to the base of the tongue. The voice remained hoarse to the fifth day and regained only by degrees its normal status. On the evening of the 28th patient complained of stitches between the scapulæ, getting worse with every breath or during deglutition. The pulse rose to 110 with increased temperature of the skin, headache and general irritability. These pains soon extended to the nape and occiput; but the whole rheumatic affection passed quickly off after a profuse perspiration during the night. Next day she was better, but suffered from a copious, foamy serous expectoration, keeping on for 48 hours, and then disappearing as suddenly, as it came. Percussion remained tympanitic with rattling murmurs. From the 2d till 9th November, swelling of the submaxillary gland on the right side, passing off under warm treatment. Percussion became now less sounding and lost its tympanitic character, and the respiratory murmurs were normal. She left the hospital in perfect health, with only a small scar on her neck, and remained so several months. (*Dr. Pitha.*)

2. TETANUS.

Paulina Z., farmer's daughter, 22 years old, has never known a sick day. On the 29th of April she injured herself by piercing the heel of her left foot with a long nail and with such force, that it penetrated deeply in the soft parts of the sole of the foot; with great exertion only could the nail be extracted, producing considerable hæmorrhage from the wound, which was stanched by cold fomentations. Patient felt for the next two days some pains in her foot, but she could do her usual house-work, and thus it remained up to the 9th of May. On that day she was attacked, during some light work in the garden, with sudden severe twitchings, increasing steadily; and being upon the point to return to the house on account of them, a convulsive concussion threw her down with such severity, that she luxated the left arm.

So far the anamnesis, as I got it from the parents. I saw her on the 27th of May, and found the girl in bed, lying on her back; the trunk is slightly arched in front, the lower extremities in full extension, as also the right upper extremity; the left is moderately flexed in the joint of the elbow and supported by a bandage, although the luxation had not yet been removed.

The head is bent immoveably backwards, the masseters stiff, hard; the muscles of the chest and abdomen tense, so that the abdominal wall feels like a board;—the vertebral column cannot be felt through it; equally stiff are the lower extremities and with the soles pressed against the foot of the bed, so that they cannot be bent or moved even with the utmost exertion; the upper right extremity is less stiff,—on the left heel more towards the inside and left is a scar, about the size of a pin's-head and as if made by a leech; the whole lower part of the thigh somewhat swollen. From time to time severe convulsive concussions, during which the patient moans pitifully.

The jaws are firmly pressed together, patient can now neither speak nor swallow; the physiognomy expresses anguish and pain, but the eyes move, the pupils moderately contracted, the forehead is wrinkled in longitudinal folds, consciousness and the faculty of sight and hearing are intact. The heart's-action is stormy; the skin perspires profusely and is hot, heat of the body in the axilla 28 R., respiration 24, pulse strong, 120; menses moderate. After another convulsive concussion, which increased the arch of the chest and abdomen, a remission set n, all muscles relaxed partially; respiration got more free, she could open her mouth a little, and complained of the most excruciating pains over the whole body and especially in the head, and that the spasms return at every attempt to swallow. She begged for an anodyne.

During my stay of two hours patient had about 12—15 paroxysms, each lasting 8—10 minutes.

I ordered a warm bath (31° *R*), *so that the water reached to the lower maxilla, the head supported by a bolster, and the water kept at the same temperature for some time.* Already after five minutes the knee- and anklejoints could be moved, our patient herself moved the upper right extremity, she could open her mouth better, and spoke more distinctly. The pulse, which was 130 before the bath, rose at first to 150 in the bath, but after five minutes fell to 125 and after five minutes more to 106, where it remained, as long as she was in the bath.

Respirations before the bath 24, after 10 minutes in the bath 28 to the minute.

Temperature before the bath 28°, in the bath 34° R.

Immediately after the bath the pulse rose through the motion to 134, and respirations to 34. The temperature sunk to 25° R.

Half an hour after the bath with perfect rest, during which patient slept, the pulse sunk to 104, respiration 22, which lasted for several hours.

During the half an hour in the bath no tetanic paroxysm appeared, patient felt so well in it, that she begged for its repetition, and she was ordered therefore, to take two each day, of ½ to one hour with the same precautions.

Our patient always felt good in the bath, the frequency of the pulse and of the respirations diminished more and more, the remission of all morbid symptoms got more lasting, sleep was more refreshing and longer; and with *returning motion of the extremities and of the jaws we were enabled to attend to the nourishment of her body, a most important indication in this disease.*

On the 15th of June I already found my patient out of bed, she could speak plainly, enjoy her food, walk across the room; only she still complained of pains in her right leg, the head was still bent a little backwards, the muscles of the neck were still rigid and hard, but the convulsive concussions had left her entirely.

Let me also remark, that on the 2d and 3d June she took no medicine whatever, afterwards she took 2 grains of opium in 4 doses daily, to increase the certainty of sleep; *but we may rest assured, that this perfect cure can only be ascribed to the assiduous applications of the hot bath.* (Wien. Med. Zeitung.)

8. HEREDITARY SYPHILIS.

1. Weber described already in 1852 a peculiar affection of the lungs as "*white hepatization during uterine life,*" which is the *diffuse lung-syphilom* of Wagner. The lungs were so large, that they occupied more space, than the lungs of an infant, who had breathed perfectly after birth, and several impressions on the ribs could be distinctly seen on its lateral surfaces. Its weight was at least four times that of the lung of an infant, which had not breathed. Its color was on the external surface nearly white, bordering on yellow, without the least dark shades, and the same coloring was seen in all intersections, which had also a perfectly smooth surface. The bronchia contained a small quantity of yellow puriform serum. They contained so little blood, that it was nearly impossible, to press out a single drop at any place. The solidity of the parenchyma of the lungs was such, that the whole lung, or any section of it, remained standing on the table, like a ball.

All my cases of lung-syphiloma belonged to infants, who were born 4—6 weeks too early and who died after a few imperfect respirations. (Wagner.)

2 *Pemphigus neonatorum.*—In fifty cases traces of constitutional syphilis were seen on the fathers of the children; the simultaneous syphilitic affection of the mother is extremely rare, and I do not recollect to have seen a case of pemphigus neonatorum, where the mother showed the least trace of syphilitic disease.

The pustular syphilid of infants develops itself either in the uterus or during the first eight days of extra-uterine life. I have not seen a case, where the pustules developed themselves later. When they appear already in the uterus, the infants are either born dead or die during the first 8—10 days. Where the eruption appears after birth, they die usually in the third week of their life.

Bullæ, developed in the uterus, show sometimes a rust-brown hæmorrhagic contentum. Such efflorescences in their collapsed state are usually found on the soles of the feet and in the palms of the hands. They are always seen in badly nourished shrivelled infants, whereas the puriform bullæ are seen in well-nourished lively babes, so that one is really astonished about their sudden sinking and loss of flesh. Cazenave and Dubois are wrong, when they affirm that this pemphigus occupies always the soles of the feet and the palms of the hands. I have seen them on the trunk, especially on the loins, and sometimes on the face. In one post-mortem examination the liver was found diseased and an infiltration, about the size of a walnut, in the upper lobe of the right lung. In the thymus no pus was found.

3. *Myoma cordis.*—Dr. Kantzou writes to Prof. Virchow: I send you the heart and lungs of an eight-months fœtus, where the epidermis was loosened in its whole extent and had fallen off in large flakes, so that the red-brown cutis was exposed. The fœtus did not have the smell of still-born children, the amniotic fluid had no bad smell, the placenta was normal, the umbilical cord thick, black-brown towards the fœtal end.

The dissection showed no pathological alterations in the abdominal organs, as liver, spleen, kidneys, but a great deal in the chest. Both pleural cavities were filled with bloody-colored fluid, the lungs œdematous, expanded, so that they had lost nearly the appearance of fœtal lungs; black-brown when cut in slices; the veins full on the surface, and sinking down in water. In the pericardium a little bloody serum. On the heart in front where the sulcus longitudinalis falls on the circularis, *a flat tumor, probably from inflammation of the muscles of the heart, about half an inch in breadth, somewhat harder to the touch, than the other substance of the heart, and showing below the pericardial covering as well as in cuts dot-like white exudations.* The thymus normal; the right side of the neck on its frontal half swollen; and under the skin some glands, impregnated with small whitish deposits and surrounded by dark bloody-colored jelly.

The child is borne by a young woman, who, after the birth of her first living child, infected perhaps by the nurse, was taken ill with syphilis simultaneously with the child, her husband and the nurse, and since then was confined four times with dead children. They were treated then very carefully, and since five years not a vestige of syphilis had shown itself on either of them.

Virchow replies: the lungs, after maceration, showed plainly the white hepatization, and microscopic examination proved, that the alveoles were entirely with cellular elements, like epithelium. In this case the white hepatization was marked by the great fullness of the bloodvessels and the (cadaverous) emersion of the hæmatin in the tissues.

On the heart the tumor laid across the course of the pulmonal artery, a short distance from the ostium pulmonale. In cutting it through, we found the innermost muscular layers nearly unchanged, especially so towards the cavities. No other place of the heart showed anything abnormal. The dot-like white exudations, pointed out already by Kantzow, are small roundish spots of yellowish-white color, diffused pretty regularly through the tissue. In the sections we did not find always dots, but found some in the form of lines. Even to the naked eye the tissue appeared firmer. Microscopic examination proved the tumor to be composed of *newly formed diagonally striated muscles*, essentially different from the normal muscles. Whereas the latter consists of the usual narrow roundish primitive fascicles; the tumor contained exclusively flat, diagonically striated muscular cells, whose length was 2—4 times as large as their breadth, and containing regularly large acini with acinous bodies. On their long end these run out in diverse pointed continuations. The diagonal striæ were not continual flats, but a series of kernels. We may therefore diagnose this case as a *syphilitic interstitial myocarditis*, whereby the muscular hyperplasy may be taken as the simple product of irritation, similar to the hyperostosis, with gummosities of the periosteum.

4. EFFICACY OF THE COLD DOUCHE.

1. A scarlet rash had appeared regularly about two days ago in a boy seven years of age, but retroceded in the evening with

increase of fever, great restlessness and frequent touching of the head. Since half an hour patient was more quiet; he laid in a sopor with half-closed eyes, cool extremities; skin pale-yellow, burning hot (especially on the forehead, vertex and abdomen), very dry, brittle (nearly calor mordax), without any scarlet redness; in the face some pale-red spots; the vessels of the albuginea like injected, pupils contracted, insensible to light; lips dry, brown-red; abdomen tense, somewhat tympanitic, (since 24 hours no stool, since last evening no urine); respiration nearly normal, pulse 130. The tongue, which could hardly be examined, appeared red on the point.—*Cold applications to the head, and cold douche in the tepid bath*—quieted and moderated the heat, till (from 1$^1/_2$ to seven hours) the effect had passed off, requiring a repetition of the whole process. Shortly after the third douche the whole body was covered with dark scarlet spots, running one into another, the skin soft, transpirable, pulse 112. For the next few days the cold douche was repeated alternately with cold ablutions. The danger was passed, and although a slight anasarca showed itself, a few tepid baths restored the secretions, and a copious desquamation restored him to health. (*J. Frank.*)

2. A delicate woman, 19 years old, suffering from indigestion, flatulency, oppression, pain in the pit of the stomach and nausea (especially after eating) took Acid.-hydrocianic, with success. She was ordered to take from a bottle, containing 14 drops of the acid, three times a day a tea-spoonful, but took by mistake $^3/_4$ of the contents. Immediately she sprang up convulsively from the seat, lost her senses, the mouth firmly set, and staring, fixed eyes. In spite of the stomach-pump, mustard plasters to the feet and pit of the stomach, friction and heat, in spite of pumping diluted aqua Ammonia in and out of the stomach, and giving her brandy with Ammonia—unconsciousness, debility and paralysis increased steadily.—*Now over head and neck the cold douche.* After hardly a minute patient began to make motions, shortly after convulsions set in and she moaned bitterly. A few hours afterwards she was perfectly sensible and quiet. For a few days heaviness, pain and heat in the head yet, and then perfect recovery. (*Dr. Banko.*)

3. Carl B., 26 years old, entered the Charité-hospital on the 18th of June. He took suddenly sick on the evening of the 9th with a chill, lasting ten minutes, followed by heat. He slept quietly during the night, felt apparently well during the next day; but on the morning of the 11th feeling of general malaise when rising, and in the afternoon another chill, followed by heat and sweat. He took an emetic, felt better again on the 12th; but the 13th brought severe frontal headache, bad taste, great debility, accompanied by scintillations, surring in the ears, vertigo when sitting up; in the afternoon epistaxis. Status præs. on the 18th, the 8th day of the disease, counted from the first chill: face intensively reddened; pulse 74, full, moderately tense; resp. 24; skin hot; tongue coated white, moist; abdomen flat, moderately tense; sensitive to touch; spleen greatly enlarged (dull sound beginning from the eighth rib); nothing abnormal in respiratory organs; expression of face stupid, headache only when rising up. Not a vestige of roseola; epistaxis in the evening. Urine 1/2 quart, dark-red, giving no sediment with Acetic-acid, exquisite sensitiveness of the region iliac. dextra.

20th. Great stupor; patient is nearly unconscious.

21st. Restlessness during the night, no sleep, no sweat. In the morning epistaxis without diminution of the headache or the surring of the ears; pulse 76, large and tense; skin dry; urine hardly 1/2 quart, yellowish-red, very sour, no sediment with A. Abdomen more sensitive yet in the cœcal region. Dull sound over the spleen increased to the 7th rib; resp. 26; nothing abnormal in thorax. At 6 P.M. face intensely red; epistaxis, temperature 40° (temperature of room 23°) dry skin; complains of severe headache; stupor, but still answers correctly. R. Cold water applications over the head.

22d. No sleep during the night, but sleeps uninterruptedly from 8—10 A.M. In the evening, pulse 86, large, soft, hardly dicrotus; face very red; temp. 40° R. No change whatever; patient spits continually since entering some tough phlegm.

23d. (12th day of the disease.) In the evening exacerbation: pulse 86 large, soft, face red, temperature 40, dry skin, urine red and scanty; tongue sticky; no diarrhœa; spleen greatly enlarged; 33 costo-abdominal inspirations, respiratory organs normal; expression of face stupid with headache and surring in the ears. In this state he gets *a cold affusion of six pailfulls of cold water of a temperature of* 8—8$^1/_2$ *R.* (50° F.) The procedure lasted 2$^1/_2$ minutes. *Immediately after the affusion headache, surring and stupor are gone;* the radial pulse smaller, without being reduced in frequency or in tension; the skin on the trunk red, but cool to the touch; inclination to stool, which he passes shortly; frequency of pulse and respiration show their minimum about 40 minutes after the affusion, then they rise again, and about an hour afterwards pulse is 82, resp. 22; temp. 38; we see therefore, that our patient at a time, when the temperature of his body decreased about 1,5° C., made eleven respirations less in the minute, than before the affusion.

The second and third affusion had the same effect. But we would like to draw attention to the state of the cerebral system after the third affusion, given on the afternoon of the 24th. *Immediately after it the face of the patient lost its stupid expression, he spoke fluently and answered correctly and at ease all the questions propounded to him.*

Such an effect can only be explained by the exciting influence, which the irritated sensible nervous fibres of the skin exercise on the action of the cerebrum, and as the ancients said, we prove this by a therapeutical fact *ex juvantibus et nocentibus;* for: *if we find active delirium in a patient,* although not caused by meningitis, such affusion would only have a *deleterious influence,* the same is the case in meningitis-tuberculosa, as experience has taught us. (*Dr. Traube.*)

Currie (in the medical reports on the effects of water, cold and warm, as a remedy in febrile diseases) gives already to the right application of water in typhus its fitting place and remarks: The affusion should be used as early as possible. During the first three days its effect is so remarkable, that the disease is usually broken and health is quickly restored, but even later it reduces the symptoms and promotes and secures a return to health.

ARTICLE XLVIII.—*Surgical Cases Treated Successfully with Homœopathic Remedies.* By JOHN HORNBY, M.D., Poughkeepsie, N.-Y.

(Continued from page 204 of the November No., 1868.)

PHLEBITIS CRURIS.

CASE. *Ulcus.*—On the 31st March, 1855, the subject of this report, a married woman, the mother of five children, aged about thirty-five years, of dark complexion, and enfeebled constitution, applied to me for the treatment of her left leg, covered with ulcers, which she said had been in that condition for five years.

The history of her case she related as follows: About six years ago she had been delivered of a healthy living child, and was progressing favorably after the confinement, when thinking herself capable of doing her own family work, being in needy necessitous circumstances, she arose from bed before the usual time. For a few days she went along with her work very well, when she took cold, which, she said, confined her to bed for many days, and ended in symptoms of milk leg. She was daily attended by her physician, and the swelling somewhat subsided, but the veins in her limbs continued distended and painful, apparently yielding to rest and treatment, and returning on use of her limb.

This state, she said, continued for a long time, and then the veins burst, as she called it, growing into bad sores, which all she had had done for could not heal.

The leg, on examination, presented the following appearance: The left thigh and leg were swollen to twice their natural size, the thigh looking flushed, and the leg, from the knee down to the ankle, of a crimson color, deepening to a livid hue as it neared the toes, which were just discernable under the swollen and overlapping instep. The veins were "varicosed." From the knee to the instep there were several ulcers vegetating, two of the largest were about one inch and a half in diameter, the lesser ones about one inch, and the smaller and smallest from half an inch to the size of a pea, giving out a sanious discharge, and very tender to the touch. The limb was difficult to move, from its size and weight, and occupied with a dull aching pain, keeping the patient in a state of chronic misery, which was depicted in her countenance. Her general health was much impaired; her appetite bad; her sleep restless, and strength much reduced.

I gave her Pulsatilla-tincture, twenty drops in a pint of clarified luke-warm rain water, to be applied through a piece of old linen cloth, spread all over the limb, and kept wet for half an hour at a time twice a day, and to take three globules of the fifteenth decimal potency of Pulsatilla night and morning. Diet nutritious.

April 4th.—The swelling and discoloration of the limb has subsided, leaving it nearly of its natural size. The ulcers look cleaner and discharging less than before treatment; pain in the limb diminished; appetite and sleep better. The Pulsatilla lotion was now repeated night and morning, and to take three globules of Pulsatilla of the fifteenth decimal potency every night at bed time.

April 13th.--The limb has returned to its natural size; the pain abated, and locomotion easy. The ulcers look clean, and are granulating; appetite good; sleeps well. Treatment as before. Diet invigorating.

April 24th.—Is progressing very satisfactorily. The limb looks natural in size and color, is moved without pain or distress. The ulcers are healing fast. General health much improved, and spirits cheerful; eats and sleeps well. Pulsatilla-tincture five drops in a pint of rain water as before, and used once a day, three globules taken at bed time every night, of the thirtieth decimal potency of Sulphur.

May 11th.—Since last report she has been on a visit to a sister in the country, when she was able to wear a gaiter on the left foot, a circumstance unusual to her for the last six years. The limb is quite restored to its former condition, and she is now in the enjoyment of perfect and robust health.

Remarks by the Author.—The above case illustrates the pathogenesy of Pulsatilla to inflammation of the veins of the limbs. Of its specificity also to inflammation of the uterine veins, see page 175 of this Vol.

ARTICLE XLIX.—*The Effects of Food on the "Vis-Medicatrix Naturæ.* By A. J. BELLOWS, M.D., of Boston, Mass.

PROBABLY no educated physician, heroic, expectant, or homœopathic, now believes that any disease can be cured without the restorative power of nature, and the most heroic practitioner would be shocked at the audacious sentiment imputed to Dr. Benjamin Rush now nearly one hundred years ago. "Hippocrates, the father of nature-trusting practice, has probably killed millions, by letting nature loose upon sick people."

Nature undoubtedly makes an effort to cure all diseases, and if she fails diseases become chronic, it must be from deficient recuperative power, or from some constitutional obstructions, or dyscracies which prevent the cure. Enough has already been done with homœopathic medicine to indicate that if we understand the medical power of all the medicines which nature has provided, we could remove all obstructions to the cure of any disease to which flesh is heir, and if at the same time we confined the means of increasing the recuperative power of nature. May we not hope for a most unlimited control of all chronic diseases?

While engaged as I have been for the last few years in developing the effects of different principles in food, and showing that some elements promote the power of muscles, some the power of the brain and nervous system, while some, if taken in excess, tend to diminish all these powers, I have incidentally noticed some facts, in regard to the effects of certain elements of food on disease, which encourage me to believe that much good may be hoped for by pushing such inquiries further.

The first fact that arrested my attention, was that one incidentally noticed by Banting, the fat Englishman, who, while reducing his weight by abstaining from carbonaceous and eating freely of nitrogenous and phosphatic food (though neither he nor his medical adviser seemed to understand at the time the philosophy of the effect), was at the same time cured of a hernia for which he had worn a truss for many years.—Another gentleman, now '64 years old, who, for the promotion of his general health, had for two years taken no food but that which contains its natural proportions of nitrogenous and phosphatic elements, found that an inguinal hernia for which he had been obliged to wear a truss for 25 years, was entirely cured, so that for the last year he has needed no truss.

At first these cures seemed to me almost miraculous; at least I could see no connection between the cause and effect; but on reflection, I am convinced that the explanation is this: Hernia is caused by want of tone and consequent relaxation of the abdominal muscles, occasioned, perhaps, generally by want of sufficient nitrogenous food. The tendons are not drawn together sufficiently taut at the ring to retain perfectly the flowing and slippery intestines, and they pass through; but by leaving off extra carbonates, and taking instead the nitrogenous food, which gives strength to muscles, their tone is restored, the tendons are drawn taut, and the bowels are retained.

A gentleman of scrofulous tendencies, who had had for eight or ten years an open abscess, was induced, for the improvement of his general health, to abstain from extra carbon, and take food rich in nitrogen and phosphorus; and almost immediately the abscess began to heal, and in a few weeks it ceased in discharge, and this without any local application.

Another gentleman had a kind of gouty enlargement of the great toe joints, which had become chronic, and which required boots of extra width to enable him to walk. For improvement in general health, he also adopted natural food exclusively, and in a few months could wear narrow, genteel boots, without the least pain or inconvenience.

But the most marvellous effects produced by change of diet I have now to describe.—On the 7th of October, 1868, I was called to a scrofulous girl, not 15 years old, with such an abdominal enlargement as to give her the appearance of being enceinte and having "gone over her time." On examination I found the enlargement to consist mainly of two ovarian tumors, which could be felt distinctly, and which she said she could feel sliding over each other as she turned in bed. The skin over the most prominent part was smooth and shining, and filled with enlarged blue veins, giving the whole abdomen the appearance of a great *Fungous Hæmatodos.* The less distended parts were discolored, as if bruised.—From her mother, who is a very intelligent lady, I learned that she was an only child, and had always been indulged in every thing. From a child she lived on cakes, pies, confectionary, white bread with an extravagant amount of butter, and was very fond of fat meat—and unless she could have such food would eat nothing. —Her flesh was of course soft and flabby, and she had lost her energy and ambition.—Menses commenced at 11 years old, and she was regular for a year; then became irregular, and at the same time she began to enlarge abdominally; but the enlargement was supposed to be from obesity; but that enlargement gradually increased till finding it something more than obesity, she consulted her allopathic family-physician, who tried to reduce her size by cathartics, under the influence of which she has suffered much pain; but increased in size much more rapidly than before, and she was reduced to a condition in which she was not expected to live but a few weeks.

I put her upon a diet in strict accordance with the "Philosophy of Eating." Allowing her neither starch, sugar, or butter, except as they are found in their natural combinations, with as much of phosphetic and nitrogenous food with vegetables and fruits as she chose to eat. My plan was to keep her a few weeks on this diet, in hopes so to increase the vital powers, that I might hope to get some effect from the Silicea, Fluoride of Calcium (the salt referred to in the paper of the "Observer" of 1865, page 208), which has more than met my expectations in all scrofulous diseases, but which I had never tried in a case so nearly desperate; but she began so soon and so rapidly to improve that I resolved to give no medicine except pellets of Sach.-lac., and see what would come of diet alone. In three weeks she was very perceptibly diminished in size, and had such a sense of returning health that she felt perfectly sure she should recover, and I allowed her to go into the country. On the 7th of December, just two months from the day I first saw her, the mother reports she is reduced to her natural size, there being no tumor perceptible—the skin has returned to its natural color—she can walk four miles without fatigue.—The menses have returned which have not been seen for a year, and she is in better health than she has been for the last three years.—I confess that I was astonished at these results, although I had written two or three chapters in the "Philosophy of Eating" on the effects of phosphatic and nitrogenous food in increasing vitality and muscular power, and had shown that animals demand food containing nitrogen and phosphorus in proportion to their power and vitality: The little kingbird who tyranizes over all other birds in New-England, and who will fight after its body is riddled with shot, living on honeybees, and hornets, and other phosphetic insects; and the vivacious squirrel, who having access to the farmer's cornfield or corn-crib, eating only the chit or eye of the corn in which the phosphates are concentrated, leaving the farinaceous part for the dormant pig or hen. And I had written also for my "How not to be sick" chapters on the treatment of consumption and other scrofulous diseases, showing the absurdity of treating them with cod-liver-oil and whiskey, or other carbonaceous articles, which only tend to diminish vitality already too low, and recommending instead phosphetic food, which would tend to increase vitality; but I was not prepared for such manifest results.

.Without a change of diet I have seen goitre and large scrofulous tumors, ovarian, fatty, and even scirrhous tumors cured by the judicious use of psoric and specific medicines, but sometimes I have seen failures. Now, by the combined influence of vitality and homœopathy, I expect to see all these diseases removed with certainty, and the knife used a relic of barbarism. Can I expect also to see all scrofulous diseases and ulcerations, even of the lungs, cured with certainty by these influences, and if I could hope to arouse mothers to a sense of the importance of raising their children in accordance with the laws of life, I should expect to see these and all other diseases as rarely in the human species as we now see them in brutes. Why not?

ARTICLE L.—*The Preservation of the Teeth.* By Dr. W. SUEERSEN, of Berlin.

1. THE benefit of sound teeth consists not only in the preservation of a youthful face, nor alone in the fluency and clearness of speech and song, but especially in the great influence which

they exert on digestion. The loss of the teeth in one jawbone produces always after a while the loss of the teeth opposite to it.

2. Milk-teeth ought, as a rule, be loosened and shed through their substitutes, and only in exceptionable cases it might be allowable to draw a firmly-rooted milk-tooth.

3. If teeth do not stand exactly straight, it is of the utmost importance to have this irregularity removed as soon as possible, and especially should this be seen to during the second dentition.

4. The firmer a tooth is and at the same time sound, the longer it will resist external influences.

5. Acids and putrefaction are the usual immediate causes of the decay of the teeth.

6. Originally deficient formation of the enamel of the tooth and mechanical injury to the enamel are predisposing causes to the caries of the teeth.

7. In every carious tooth we find vegetable and animal parasites (living algæ or fungi, and vibriones), which promote again on their part the carious process.

8. Sugar is injurious to the teeth either chemically, by remaining so long in the mouth, to produce lactic-acid, or by its hardness it may injure the enamel.

9. Teeth may get diseased after severe acute diseases either through the action of medicines, or as the necessary consequence of the neglect in keeping them clean.

10. Smoking tobacco does not injure the teeth *per se*, but it gives them a black color.

11. The so-called "tartar of the teeth" is a deposit of the earthly constituents of the saliva. It is composed, like the teeth themselves, from alkalies, mixed with more or less mucus. The microscope shows also parasites in it.

12. Tartar on the teeth produces a recession of the gums, loosening thus the teeth by degrees.

13. This tartar ought only to be removed by instruments, but never by acids. All means which dissolve the tartar, dissolve also the teeth.

14. The green deposit, seen on the external surface of the upper teeth, is not tartar, but very dangerous to the teeth.

15. No patient ever knows, from which tooth the pain emanates, for the sensation easily deceives; it is therefore the duty of the dentist, to find out the seat of the pain by close examination.

16. Many cases of neuralgia and of rheumatism are caused by a diseased tooth, and the whole disease is often removed by the extraction of the tooth.

17. Eye-teeth have no connection whatever with the eye, and their extraction can never injure the eye.

18. A dental fistula may exist in the upper or lower maxilla, and can only be cured by the extraction of the affected tooth or root.

19. A swelled face is no obstacle to the extraction of a tooth, for the swelling loosens the teeth, and an offending tooth ought to be extracted, as soon as possible, if it is impossible, to save it.

20. From childhood up the use of a good tooth-brush is to be recommended.

21. A tooth-brush ought never to be used across the teeth, but in the direction of the teeth; the upper ones from above downwards, the lower ones from below upwards. Not only the external surface needs cleaning, but also the inside of the teeth.

22. Teeth need cleaning when people are getting up and lying down, but after every meal nothing must be allowed to remain in the teeth.

23. To cleanse the teeth a pure good soap is far better, than all the patent-articles so frequently advertised.

24. Easily bleeding gums need not deter us from the use of the brush, as its application strengthens them.

25. Hypermanganate of potash is the best remedy against foul breath.

26. At stated periods the teeth ought to be examined by the dentist, for the sooner an affected tooth comes under treatment, the better it is for the patient.

27. Milk-teeth, when affected, ought to be filled, in order to save them.

28. A well filled tooth is equal to a sound tooth. But as a sound tooth may get diseased, so a filled tooth may be again affected.

29. Filled teeth need careful cleaning just as well, if not more, than healthy teeth.

30. A carious tooth which cannot be filled any more, ought to be extracted, as soon as possible.

31. If a patient needs an artificial set, it is better, *for the patient's sake*, to have all the roots extracted, as they are so often the cause of suffering and disease.

Jahr in his "Therapeutic Guide" recommends during the dentition of children *Calcarea-carb.* and *Sulphur*, to aid the teeth in piercing the gums. Its fever needs only *Acon.;* convulsions may be warded off and cured by *Cham.* and *Bell.*; spasmodic cough, simulating hooping-cough yields to *Ipec.*, *Cina*, or *Cuprum;* the diarrhœa to *Merc.-sol.* or *Sulph.*, and constipation to *Bry.*, *Nux-v.*, or *Magn.-mur.*

Against tooth-ache from carious teeth he recommends *Cham.* $^2/_{30}$ dry on the tongue, or *Puls.* and *Ant.-crud.* *Merc.* is indicated when the pains are more *at night*, shooting from the teeth to the ears and head; *Staph.*: the pain is seated in the roots of the hollow teeth, shoots to the ears with beating in the temples and is aggravated by cold drinks; chewing and eating. *Bry.* has the sensation, as if the nerves are exposed to a draught of air, the teeth feel loose, with aggravation from warmth and chewing. *Calc.* and *Sil.* are sometimes of great use.

Altschul proposes diluted Alcohol, applied with a tooth-brush, to destroy the parasites, found in carious teeth.

Against tooth-ache from rush of blood to the head: Acon., Bell., Cham., Hyosc.; if the face is pale at the same time: *Puls.*, and if the veins of the forehead and of the hands are swelled: *China* or *Arnica.* *Bry.* and *Calc.* deserve also to be mentioned.

For nervous tooth-ache, so often found among females, smelling of *Acon.* has frequently brought relief, or *Coffea*, when the patients cry and lament, or *Cham.*, when the pains are mostly at night, boring, stitching in the tooth with redness of one cheek, or *Ignatia*, when there is a sore bruised feeling in the teeth, aggravated by coffee, tobacco, eating, as also in the morning and evening; or *Nux-vom.* in sedentary or irritable persons, with aggravation in the fresh air or mornings in bed, or *Bell.* when headache alternates with toothache, and either is severe enough to drive one to despair, or *Spigel.*, when the pains show something typical, rage in all the teeth, and dart in painful jerks from the crown to the root, aggravated by cold water or by the contact of air.

For rheumatic toothache: *Merc.*: Stitching tearing pain in the whole affected side of the face, with salivation, nightsweats, inflamed gums and aggravation from the heat of the bed; or *Puls.*, toothache and earache, worse in the evening, gums bleed easily, chilliness, pale face, and aggravation from warm food, warm rooms and the bed; *Bry.* has tearing in the molares to the head and cheeks, jumping of the pain from one tooth to another, the teeth feel loose and elongated, aggravation by warmth, motion, and by lying on the sound side, or *Rhus*, when it was caused by getting wet, is worse at night and in the fresh air, and feels easier by warm applications. *Cham.*, *Nux-vom.*, and *Spig.* may also be indicated.

For *gouty toothache* give *Nux-vom.*, *Spig.*, *Bry.*, *Rhus*, *Sep.* or *Lyc.*, *Calc.*, and *Sulph.* S. L.

General Record of Medical Science.

Medical Jurisprudence.

Trial of a Swiss Nurse for Poisoning her Patients with Belladonna.—Dumas in the novel of "Monte Cristo" paints a young, refined, and beautiful woman, moving in the best circles of Parisian society, and yet poisoning successively six or seven members of her family. But even the most audacious of French romancers did not dare to delineate such criminality without ascribing it to some apparently adequate motive. Madame de Villefort administered deadly potions to her relatives under the impulse of a morbidly intense maternal love, which centred all her moral and intellectual faculties on the one idea of making her son the sole heir of a large estate. Affection incited her to assassination. But the invention which created such a monster of sentimental depravity has been surpassed in real life by the exploits of a Swiss nurse, who took advantage of her professional position to administer poison to the sick persons confided to her care, from the effects of which seven of them died. In the perpetration of this monotonous series of diabolical crimes Marie Jeanneret does not seem to have been animated either by animosity or cupidity. On the contrary, she always showed the warmest affection towards her victims, and nursed them with tender and untiring devotion; nor did she derive the least pecuniary benefit from their death. Neither the conduct of the accused after her arrest nor the testimony of physicians and *experts aliénistes* furnished any evidence of insanity. The monomaniac usually acts impulsively; but Mlle. Jeanneret always manifested the coolest premeditation and imperturbableness, never exhibiting any hesitation or confusion, or indeed the slightest symptom of hallucination, but answering with the greatest clearness and presence of mind every question put by the president of the court. Even M. Turrettini, the prosecuting attorney, in presenting the case to the Jury, was at a loss to know on what grounds to urge the conviction of the accused, and after exhausting the usual category of hypotheses and showing the inadequacy of each, was obliged to seek a motive in *l'espèce de volupté qu'elle éprouverait à commettre un crime*, or what, in the less elegant but more vigorous vernacular of the West, would be called "pure cussedness." In fact, the conduct of Marie Jeanneret seems more like the working of some malignant and irresistible force in nature, or the relentless operation of a destructive machine, than the voluntary action of a free and responsible agent. M. Zurlinden, the counsel for the defendant, dwelt with emphasis upon this mysterious phase of the subject, and thus saved his client from the scaffold. The trial ended on the 26th of November. The jury, after five hours' deliberation, rendered a verdict of "Guilty, with extenuating circumstances;" as the result of which Marie Jeanneret was sentenced to twenty years of hard labor (*travaux forcés*). Our own theory of the case, as derived from a careful study of the evidence, is that Marie Jeanneret was infatuated with poisons, partly by watching the effect which they produced on her own system (for she never hesitated to take herself what she administered to others, the only difference being that, like Mithridates, she had become by habit proof against their venom), and partly by reading about them in medical and botanical works, to the study of which she was passionately devoted. She also attempted analyses of these substances, and in one instance was severely burned by the bursting of a crucible in which she was endeavoring to obtain atropine from *atropa-belladonna*. Atropine is the active principle of Belladonna, and was first discovered by Brandes; it is endowed with very energetic properties, and is used by physicians only in extremely rare cases, and with great precautions. It was especially this terrible poison of which Marie Jeanneret appears to have had an insane desire to test the virtues empirically on the invalids committed to her charge. She had read of great physicians who had thus experimented on themselves and their disciples and become the benefactors of mankind; and why should she not adopt the same method in the pursuit of truth? However absurd such reasoning on her part may seem to us, we can find no other motive sufficient to explain this union of contradictory qualities, generosity, amiability, and criminality, forming one of the most obscure and perplexing problems ever placed before a jury for solution. This case will take rank with some of the most celebrated trials on record, whether it is regarded as a medico-legal or as a psychological problem.

Medical Testimony in the Twichell Murder Trial.—Dr. S. W. Gross sworn: I am a physician; I am a lecturer at Jefferson College, being a colleague of Dr. Lewis; I read the testimony in this case concerning the blood and carrying in of the body; the body begins to stiffen in from five to six hours, and continues in that condition from 16 to 24 hours; the coagulation of blood within the body is retarded by death from shock; I am sure the blood in Mrs. Hill's body had not coagulated when found, for coagulation comes on simultaneously with the stiffening of the body, which only commences five or six hours after death; taking these facts into consideration, if her body was found within five or six hours after death it was found in a favorable condition for sprinkling; I have examined the clothing that was produced in this room; I examined them carefully for three hours in the Grand Jury room of this building; the blood was that of a mammal; the sprinkles on the pants, coat, and vest I can account for by a theory different from that of the infliction of wounds; they could not have got on these and the boots except on the outside of the left boot, high up (unless the pants were rolled up), by stepping in the blood in the yard, by carrying in the body from the yard to the kitchen, and by washing the head; the stains on the outside of the left boot looked like smears; I would account for these sprinkles upon the clothing by the falling back of the head into a pool of uncoagulated blood; if the prisoner's body had been in a stooping position, and had raised the head, and the head had fallen suddenly back into the pool of uncoagulated blood, many of these stains might have been made; I feel confident of this; these sprinkles upon the right sleeve could have been very readily made in this way; I would account for some of these spots by a shaking of the head; I can explain some of them as being made while bathing the head, that is the sprinkled spots on the sleeve of the coat; sprinkled spots of diluted blood might very readily have been thrown upon these articles of clothing by carrying the hand holding the substance with which the head was being bathed to the head and from the head back to the basin; I, as a surgeon, cool, calm, and collected, could not have bathed this head without getting such stains, unless I protected my clothing; I have examined the white linen shirt produced in evidence in this case; the 20 spots upon it could have been made by a rapid movement of the hand or finger; I have made experiments in forming blood stains; I did so nine days before I had seen this shirt; I have read Dr. Shapleigh's testimony describing the wounds inflicted upon that lady's head; but unless I am permitted to give my reasons, I will not give an opinion, but I may say that the experiments with these pokers only confirmed an opinion formed years ago; as a medical man I have an opinion as to whether these wounds could have been inflicted with that poker; I do not believe that a poker made of this soft material could have been struck against a human skull of moderate thickness without receiving some change in its form; therefore, I do not believe this poker could have produced the wounds upon the skull, because it is not sufficiently misshapen; I would very readily imagine that a blow with a bottle would fracture a skull; I should say this was a death from shock and hæmorrhage.

Dr. F. F. Maury, Professor in Jefferson College, was examined: I am one of the surgeons of the Pennsylvania Hospital; I am a colleague of Dr. Lewis at Jefferson College and the Hospital; I have read the testimony in this case regarding the carrying of the body from the yard and the washing the head of the deceased woman by the prisoner; I have examined the clothing of the prisoner very carefully with a naked eye and an ordinary pocket lens, not chemically or microscopical; I found this was the blood of a mammal; I am able to trace the blood upon the coat, vest, and pants, simply from the sprinkles, from various causes; the circumstances being favorable to the non-coagulation of any blood; when a person is handling a body dipped in blood, experience has taught me that it is impossible so to do without the person doing so is covered to a greater or less degree with the bloody material; smears and sprinkles must be produced by two separate causes at work at the same time; these sprinkled spots on the coat, pants, and vest might have possibly been produced by carrying in the body, especially if the effort was protracted; a great many of the spots might very probably have been made in this way; if, when raising the body from the ground, the body had fallen upon a pool of blood, a great many of the spots might have been produced on the clothing, especially if the person lifting the head had been standing in a position below and behind the head; if a quantity of blood fell from the head into the pool it might have formed these sprinkles, if the blood splashed when the head fell; I think it extremely doubtful that the wounds on Mrs. Hill's head could have been inflicted with the poker (as shown), and leave the poker in its present condition; if a skull had been broken with the poker the poker itself would have been battered; I can see no mark on the poker to indicate that it has been used to break a skull.

Dr. Wiley Mitchell sworn: Any coolness in the temperature would have the effect to retard coagulation; the greater the number of blows the greater would be the retardation, and if the blood was frozen it would not coagulate until it was again disturbed or heated, and then the coagulation would be slower than before; I have read the testimony regarding the bathing of the head by the prisoner; I have examined the stains of blood on the clothing of the prisoner; I can explain the stains on other hypotheses than the infliction of blows; if the blood in the body was not coagulated at the time it was carried in, and especially if there was difficulty in carrying it, then it would be quite possible to throw blood upon the garments by the prisoner having so stood and carried the body in with difficulty; and some of the diluted blood might be readily explained by the moppings he subsequently used when the body was taken into the kitchen; if there had been wounds on the head the blood might not flow, although it might, owing to a swaying of the head by carrying the body. [The jury rendered a verdict of Guilty!]

Reviews and Bibliographical Notices.

1. The Lifting Cure: A scientific application of the *Laws of Motion* or *Mechanical Action to Physical Culture* and the *Cure of Disease.* By D. P. Butler. Boston, D. P. Butler, No. 19, Temple-place. New-York, Leavitt & Janes, 830 Broadway. 1868. 8vo. pp. 24.

We now so frequently receive announcements of *new modes of preventing and curing diseases* that we live in constant hope of receiving a few more, and that among them the real Elixir of Life will surely come along. That set forth in the little book now received has its friends to endorse it and they are both numerous and respectable. The opinion of EDWARD BAYARD, M. D., of New-York will no doubt be respectfully considered by homœopathists. He says, he has tried "Butler's System of Physical Training," and it seems admirable in its results, and of the greatest benefit to those frames weakened by civic life and sedentary habits.

"As it is true that inertia causes weakness, and weakness predisposes to disease, it must follow that that must be a perfect system that brings every muscle of every part of the body from head to foot into gentle action. Your system does this in a peculiar manner; it exercises every part, but neither exhausts nor stiffens, but leaves the system strengthened, and with a sense of being refreshed.

"In female weaknesses it must be of the highest importance."

The author has much to say for himself which we will permit him to to say elsewhere. Of the *results* of his system he says:

"9th, It is successful in practice.

"The first effect of these exercises is to bring the individual into proper form and shape, so that there shall be no unnatural mechanical obstructions to the free and normal exercise of his organs.

"The second is to create functional vigor, and thus to expel disease, and prepare for development.

"The third is to reconstruct and build up the tissues of the organs; and cause an absolute organic growth. The fourth is to increase this healthy action and power of the brain and mind corresponding with that of the diseased body."

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2. *Elements de Médecine Pratique. Contenant le Traitement Homœopathique de Chaque Maladie.* Par le DR. P. JOUSSET, President de la Société Médecale Homœopathique de France, Membre et Lauréat de plusieurs Sociétés Savantes, Interne-Lauréat (Medaille d'Or) des Hôpitaux de Paris, Chevalier de Charles III. Paris, J. B. BAILLIERE ET FILS, Libraires de l'Academie Imperiale de Médecine. 1868. 2 T. pp. 524 et 560.

THE medical world has long been familiar with the writings of DR. J. P. JOUSSET. Going back through a quarter of a century the student of medical literature will remember a few of the monographic articles which aroused his attention and encouraged him in its studies in those sober years of well-worn patience in which he first began to question the wisdom of the wise. A few words here revive many old memories. The student of twenty-four years (a brief period in a physician's student-life) will remember some of the following practical articles:

Tracheotomy in the Treatment of Croup. (*Arch. gen. de Med.* 1844.)
The Forms of Insanity (ibid. 1845). A Thesis on Cancer, 1846.
The Phenomena of Local Inflammation, 1847.

We pass the few years of investigation and skepticism during which the comparison of creeds and systems is going on. In 1856 he begins to give the results: We have now, 1. His Answer to the Letters of M. Manec on Homœopathy. (*See Art Medical*, 1856.)

2. History of Inflammation of the Pia Mater and of the cortical substance of the Brain in its relation to febrile Delirium. (*Art Medical*.)

3. Effects on Man and Animals produced by *Sulfure de Carbone.* (Art *Med.*)

Of Injections of Iodine (*Art medical*, 1857.)

Suicidal Monomania. (1858, *Art Med.*) Indications and Contra-Indications of Tracheotomy in Treatment of Croup (*ibid.* 1859). Mode of Administering Sulph. of Quinine in Intermittents (*ibid.* 1861.) Apoplectic cerebral congestion (*Art Med.* 1862). The expectant compared with the Homœopathic Treatment of Pneumonia (*ibid.* 1862). Treatment of Eclampsia (*ibid.* 1863). Treatment of Hysteria (*Art Med.* 1864).

Mental Alienation (*Art Medical*, 1865).

Conferences publiques sur l'Homœopathie (*Art Med.* 1867).

The present work of two 8vo. volumes of nearly 1100 pages is at once seen to contain no republication of any of the above-mentioned articles. It is a new work, elaborated, not from materials used up in former publications of his own, but from the wider range of universal science. It is well that condensed compendiums of well-tested and digested knowledge be occasionally given to the world; but they should all be written by men who have not time at present to tell all they know. They should rather be the work of men who know so much that they feel quite sure of never finding an opportunity to tell the half of it. Such a man may, then, profitably spend a few years in diminishing the number of the Sibylline leaves in his possession by throwing the larger number away, and asking a higher price for those which remain than he ever demanded for the whole. Such a condensed, symmetrical, and artistic work, the latest and the best of the Homœopathic breviaries in the French Language,—is the "ELEMENTS DE MEDECINE PRATIQUE."

In looking over the first volume our first impression is that the Articles are all quite *brief*, but we quickly observe that they are *very numerous.* For a practical reference work we indeed desire to find a *large number of headings;* we prefer to find them indicated and methodically arranged in a *Table of Contents* as a *prodromus*, a *portico* to the building. We do not find it here; but by walking round to the end of the volume we find it. Here we find the method of the work, the order of arrangement. Turning to the beginning and then to the end of the second volume, we find a similar programme of the matters contained and treated of in the said second volume. And now, being at the proper place to find it, we naturally look for a portion of the book, or at least an appendage of a well-ordered and well-constructed book—THE INDEX. We are sorry to find it *no-where.* Of all the chapters and sections of a practical book (if it has any value at all), the most useful is the Index. It is the door-keeper, the janitor, the sergeant-at-arms of the establishment. Without his help the transient visitor goes away without learning the capacities, the claims, the resources of the building; and one who comes to give it a thorough exploration, like the stammering boy in the school, finds that he spells worse than he did elsewhere, for "he is *too long in getting the hang* of this new school-house." We hope no systematic practical work will be published without a well-extended *alphabetical index.* Indeed no such work has any more right to appear in public without such an indispensable appendage than the village clock has to be content with striking the hours, without taking the trouble to turn round the index to point out the hours and minutes at the same time.

By inspecting the table of Contents and method of arrangement we get some glimpses at the author's general ideas of the relation of the numerous forms of disease to each other. It is worth while to stop a few moments here.

After an introductory chapter of a dozen pages, Volume I opens before us.

CLASS I.—*Constitutional Diseases.*—These are:

Gout,—Rheumatism, the Hæmorrhoidal Malady. Dartre, Syphilis, Scrofula: reaching to p. 71.

CLASS II.—*Diatheses,*—These are:

The Cancerous Diathesis, the Puralent do., the Epithelial do.

CLASS III.—*Cachexias.*—These are:

Chlorosis, Diabetes (saccharine): Bright's disease, Rachitis, Scorbutus, Purpura, Lepra, Goitre and Cretinism, Goitre-exophthalmique, Addison's disease, Pellagra.

CLASS IV.—*Fevers.*

A. *Fièvres éruptives.*

Measles, Roseola, Scarlatina, Variola and Vaccine, Varicella, Fièvre Ortyée, Erytheme nouveaux, to p. 215.

B. *Fièvres Continues:*

Ephemeral fever, Synochal do. Typhoid do. to p. 242.

C. Fièvres intermittentes.

CLASS V.—*Pestilential Maladies.*

Cholera, Plague, Typhus fever, Sweating fever, Yellow fever.

CLASS VI.—Intermediate Diseases.—Including Erysipelas, Diphtheria, Dysentery, Grippe, Parotitis.

CLASS VII. Nervous Diseases. Under this head we have seventeen forms of nervous affections treated of in the space of one-hundred and fifty-two pages. The space devoted to each is perhaps not disproportionate, we feel everywhere that the space we have is quite well employed. It cannot be claimed the scientific details are sufficiently full to meet all the real wants of the practitioner. As an elementary work for *popular* use it comes nearer to our ideal hand-book. The remedies prescribed or named are not sufficiently numerous for the use of physicians, but the selections are generally well made; and the clinical remarks are always suggestive and judicious.

We need not go further in enumerating the specific diseases. The division into classes need not be criticised, though it is no improvement over those attempts at a systematic Nosology contained in other Manuals of practice. We will call up the subjects only of the remaining grand divisions:

CLASS VIII. "Maladies Des Ages.

" IX. Maladies Communiquées.

CLASS X. Maladies Parasitaires.
„ XI. Empoisonnements. A. Animal: B. Vegetable: C. Mineral.
„ XII. Asphyxie.
TOME SECOND.—Maladies et Affections De L'Encéphale.
Affections de la Moelle Epinere et de Ses Membranes.
Affections des Nerfs.
Maladies et Affections des Organes de la Digestion.
” ” ” des Voies Respiratoires.
” ” ” des Appareils de la Circulation.
” ” ” des Voies Urinaires.
” ” ” des Organes Génitaux de L'Homme.
” ” ” des Organes Génitaux de La Femme.
” ” ” du Tissu Cellulaire.
” ” ” ” ” Musculaire.
” ” ” des Articulations.
” ” ” des Os.
” ” ” de La Peau.
” ” ” Oreilles.
Maladies et Affections des Yeux."

Such is the grand outline. No ordinary effort at analysis would do it justice or be useful. It does not pretend to give much that is new, but rather to sum up in small space many useful truths which were widely known before. We will turn to a single chapter and enumerate the headings of Sections. Under Maladies and Affections of the Chest we have:

1. *Catarrhe pulmonaire.* The forms are:

La forme Commune ou rhume; la forme benigne; la forme grave, ou catarrhe suffocat; bronchite capillaire; Pneumonie tubulaire; catarrhe chronique.

2. *Pneumonie.* Three forms or grades are treated of.

3. *Pleurésie.* About seven degrees of severity are distinguished; symptoms, physical signs, etiology, treatment and hygienic considerations are given.

4. *Hydrothorax.*—5. *Hydro-Pneumo-Thorax.*—6. *Hæmoptysis.*—7. *Pulmonary Apoplexy.*—8. *Pertussis.*—9. *Asthma.* After these sections we have nearly forty pages on Diseases and Affections of the Heart and its appendages. These subjects are all well treated of, though they furnish nothing that we need extract or abridge.

We linger over this latest work of Le Dr. Jousset, unwilling to leave it; for we feel that there is more in it than meets the eye at first sight. It comes to us from the City in which Hahnemann lived, and practiced and died; from France that strange, that wonderful country to which all advanced minds ever assign an advanced position in the onward march of human knowledge and human destiny. The book as it is, while it leaves out many things already known, and mentions scarcely any of the remedies known in this country as "*new*," restores in an explicit and useful form the ideas and best teachings of its author; and we feel in looking over it that we breathe the aroma from the products of many vineyards. The teachings of Tessier are revived, and the counsels and illustrations of Drs.

Champeaux, Davasse, Dufresne, Frédault, Gabalda, Hélot, Imbert-Gourbeyre, Milcent and Ozanam are brought before us on the first page. An author who is supported by such names can afford to encounter candid criticism.

Jousset belongs to that class who not only evince the most liberal views regarding the question of dose, but who also apply remedies, if they have *proved* themselves useful, even though they are not *strictly* Homœopathic. For instance we find noticed on p. 263 Vol. II. the method of Jaccould, who treated purulent Pneumonia with large doses of Alcohol.* In the somewhat uncertainty of Bryonia, Phos., Arsenic, even such a procedure is justifiable.

Also in the work we find the various mineral waters quoted, the action of which he seems to be peculiarly successful in justifying on the principle of similia. All will not be suited here.

3. *Introductory Address delivered before the Class of the Medical College, of Ohio*, on Tuesday evening, Oct. 6, 1868. By THEOPHILUS PARVIN, M. D., Professor of Diseases of Women. Cincinnati, 1868. 8vo. pp. 32.

THE author of this address, known as a distinguished teacher, addresses the Students of the Class collected in the Hall of the oldest Medical College of the Queen of the Rivers, in the name of the Faculty of the Ohio Medical College. His theme is "*The subjective Utility, of Medicine.*"

He refers to "the long list of illustrious teachers whose fame is the heritage" of the institution to which he welcomes the young aspirants for fame and fortune before him, and promises for the faculty, faithfulness in their efforts.

"On an occasion like this, the celebrated Abernethy entered the lecture-room of St. Bartholomew's Hospital, glanced around the benches crowded with young men just commencing their professional studies and then involuntarily exclaimed in an audible tone: "God pity you all." The present teacher feels that he would do wrong to sadden the young and brave hearts before him by presenting to them in too dark colors the clouds which may hereafter be found even more dark in reality than any rhetorical clouds could be painted. He thinks proper however, to tell them:

"And yet were one who knows somewhat of the mysterious revelations which come from the Delphic caves of human life, to forecast your future, he would not picture it all song and sunshine; he might tell of defeats as well as triumphs—of failures as well as successes—of glooms as well of glories; while to each it would be said: Lo, many a hope which you entertain shall fail of fruition, while many another, now' dearly cherished, will when realized, be but dust and ashes on your lips: thornless or fadeless flowers to be plucked and fashioned into chaplets for the brow are not found; life is no summer day in the pleasant shade, but often the bleak winter, the starless night, the stifling heat and parching thirst of Sahara sands, the fierce ocean storm. Nay, doing your best as a faithful and successful worker, peradverture you may not escape the railing of malicious tongues —your abilities may be disparaged, your motives misconstrued, your reputation maligned, and obstacles and impediments thrown in your way, just as cruel savages would impede the progress of their hapless victim when running the gauntlet for dear life. Of the hundreds of Medical Students now assembled in the various cities of our country, very few of them will ever attain opulence, still fewer fame. And in view of the struggles, the difficulties and disappointments, the trials and sufferings in mind, body, and estate, which are the almost inevitable lot of those who may not say in all truth and reverence, God pity you all!

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* 50—60 grammes Alcohol with the same quantity of sugar-water every hour or two hours a spoonful. Jaccould's indications for this, are: True adynamic condition, debility and extreme rapidity of the pulse, weak pulsation of the head, Dyspnœa. Commencing Asphyxia contra-indicates the Alcohol.

And now does any one tell me, you have sadly darkened my ideal of professional life; and crushed the hopes that were throbbing in my bosom? If so, it was to have him turn unto a higher and purer ideal which no earth-clouds can permanently obscure, and to seek a faithful hope which shall be an anchor to the soul, holding it fixed and firm amidst all the drifting tides of adversity and disappointment and unmoved by all the rude storms of fate. It is my desire to show that Medical Study and practice meet the highest purpose of earthly existence."

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4. *The Philosophy of Eating*. By ALBERT J. BELLOWS, M. D., Late Prof. of Chemistry, Physiology, and Hygiene. Second Edition. New-York. Hurd and Houghton. 1868. 12-mo. pp. 344.

THE first edition of this work has been much read, and has called up considerable discussion. We have it now in an attractive form, improved in many points, with an alphabetical Table of Contents.

The purpose and object of the author is to find, by all the aids furnished by science, the exact chemical composition of the human body, and then to decide upon the relative merits and qualities of the various articles of food which have been, or may be used for keeping up the supply of the materials which the body is continually throwing off. We may ask this intelligent witness, Modern Alchemy, a question of some importance: What are a few of the constituents of the body of a healthy man whose whole weight is 154 pounds? *Answer.*—He has in him Oxygen in quantity sufficient to form 750 cubic feet of Oxygen gas, and Hydrogen sufficient to form Hydrogen gas which would fill a balloon of 3000 cubic feet. These two gases have been united into the form of water before they were taken into the body: and thus united they weigh 111 pounds.

There are also many other ingredients in this wonderful and complicated structure, of which the largest in proportion are: Carbon, which enters into fat, and is used also as fuel to create animal heat, 21 pounds; Nitrogen, the basis of the muscles and solid tissues, 3 pounds 8 ounces. Phosphorus, 1 pound, 12 ounces, 190 grains; Calcium, the metalic base of Lime; the two last existing in the body as Phosphate of Lime and Carbonate of Lime, which enter into the structure of the bones.

We have also a catalogue of the substances used as food, and we find them to contain not only the original elements needed to supply the waste of the body, but we find these elements already compounded into fourteen "Proximate principles" from among which the various organs of the body can extract and assimilate all it needs.

Such being the liberal bill of fare allowed us by the generous Host of the Universe, the author has devoted years of labor in proving that we cannot assimilate anything whatever that does not come to us already elaborated by the wonderful Chemistry of previous preparation into some one of these fourteen *proximate principles.*

The general doctrines ennunciated here are already familiar to our readers, and there is no reason for transcribing the arguments or facts on which they rest. But there are questions which still furnish material for such discussions as may yet kindle anew the fever which will often warm the blood in the veins of some able critics; and some of these themes are brought forward in alto-relievo style by the present author. It is well that he brings up the *Bread Controversy.* If bread be indeed "the staff of life," it is time that somebody shall tell us how to make it. We have heard that Apollo has been often spoken to upon this subject, and that he has answered so often that men, especially women, have begun to distrust the Oracle. The name of science is quite respectable on other chemical themes: and the Bread question has been discussed on chemical and pathogenetic grounds by many learned chemists and physicians. Among them we have recently had Drs. Horsford, Wesselhoeft, and Dr. Bellows. Who will undertake to answer any of them or all of them? We will "pause" as long and patiently as Brutus did for *one more* "reply." While we wait "The Philosophy of Eating" may be read with interest, and it will be found to embody much that is true and useful in Dietetics, Hygiene and general health.

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5. *A Systematic Treatise on Abortion and Sterility.* By EDWIN M. HALE, M. D., late Professor of Materia Medica in Hahnemann Medical College; Author of the Homœopathic Materia Medica of the New Remedies, Monograph on Gelseminum, Retroversion of the Uterus, &c. &c. &c., Associate Editor of the North American Journal of Homœopathy, and of the American Homœopathic Observer, &c. &c. Second Edition.—Revised.—Chicago: C. S. Halsey, 147 Clark-street:—Philadelphia, F. E. Boericke; New-York, Wm. Radde, 550 Pearl-st.: Boston, Otis Clapp; Cleveland, Beckwith & Co.; Cincinnati, Smith & Worthington; Detroit, E. A. Lodge; St. Louis, H. C. G. Luyties; London, England, H. Turner & Co. 1868. 8vo. pp. 361.

A Second Edition of a work already more widely known than popular medical books generally become through a first edition, might not appear to need or demand an extended notice. But the present volume has many claims to a second examination, and we proceed to consider them in the order in which they are brought before us by the author.

1. Some new discoveries in Medicine and Surgery have been recently

made therefore "numerous additions and revisions" have become necessary. These in their place.

At page 22 we find the same statistics of Abortion in the State of Massachusetts. We will add a few facts here, from an official report published by that state: "The Registration Report for 1864 gives 30.449 Births, and 28,723 Deaths; for 1865, 30,249 Births, and 26,152 Deaths; making only 1,726 births in 1864, more than the deaths, and 4,097 more in 1865. Now since the foreign population have two or three times as many children as the same number of married persons among the Americans—a fact well established—is it not very evident that the strictly American deaths exceed the births? "There are 34 towns in the state in which the native population preponderates and where no foreign birth is recorded, and there the deaths for two entire years (1864—65) exceeds the births. In all towns where the *foreign* population preponderates the births exceed the deaths.

One hundred years ago (1765) the total population of this colony was 222,563: then the number under 16 years of age was almost half of the whole population. Now only about one-third of the population is under 15 years of age, and scarcely one-fifth of Americans is under 16.

Many towns in that state have been settled over 200 years. By researches extending through 6 or 8 generations, "It was found, that the families comprising the *first* generation, had, on an average between 8 and 10 children: the next three generations averaged between 7 and 8 each family. What a change in the size of families since those times! *Then* large families were common,—*now* the exception. Then it was rare to find married persons having only one, two or three children; now it is very common! Then it was regarded a calamity for a married couple to have no children—now such calamities are found on every side of us —in fact they are fashionable." It is the opinion of all physicians who have had 30 or 40 years experience "that there has been gradually a very great falling off in the number of Children in American families."

"If the foreign population in Massachusetts is to increase as it has, and the American population remains stationary or decreases, as the probabilities indicate, what will be the state of society here twenty-five, fifty or a hundred years hence? How long will it be before the foreign portion will outnumber the American in our principal cities and towns, or constitute even a majority of the whole commonwealth?

We have spoken so often in this Journal of the great extent of Abortionism in this country that we do not expect now to benefit the cause of humanity or even of Christianity by pressing the subject further. We will therefore return to our book.

On a former occasion we noticed at considerable length the general features of this work as it presented itself on its first appearance. (See Vol. XV., pages 121 to 129). We now find no essential change in looking over Parts I. II. III. and IV. extending over 260 pages. In part V. we miss the whole of the chapter of about 47 pages on "*Obstetric Abortion;*" in its place we find a monograph on "*Sterility.*" An "emendation of the text" so extensive and involving an entire change of subject is so unusual, seems to call for explanation, if not apology, and the author thus gives it: "The omission of part V., or Obstetric Abortion, was prompted by conscientious motives. It was written for physicians—for pure-minded and honorable men—but the information therein contained has probably been prostituted to bad purposes by immoral physicians. It must be admitted, however, that correct information relative to the induction of premature labor is often of incalculable value to the physician, as a means of saving life. In this respect the omission made will be a loss. I prefer, however, that the profession shall repair this loss by consulting the works of such obstetric authors as Simpson, Cazeaux, Gardner, Barnes, Allopathic; or Guernsey, Ludlam and other obstetric writers of the homœopathic school."

We come then to the new theme, *Sterility*.

The subject is sufficiently important to justify the appropriation to it of the space rendered vacant by the withdrawal of "Obstetrical Abortion."

Sterility is defined as "*The want of Aptitude for being impregnated:* the term embraces not only the cases in which "*ovulation does not take place*," but also all others where from *any* "abnormal condition of the organs of generation the ovule can not become impregnated."

"Sterility may be *congenital* or *acquired*." In many common cases neither the causes of the disease nor the means of spontaneous recovery are ever ascertained.

The present views or the physiology of generation are considered as important elements in the problem of sterility. The author, after quoting from Prof. Guernsey's Obstetrics (p. 296) as a standard work says:

"This doctrine is, however, the same as that taught by Swedenborg," (Generative Organs, 181) who says:

"The seminal humor, driven forth into its first receptacle in the internal orifice of the uterus, is taken up by it, and at the same time by the tube of the cervix; after being taken up, it is shut in; and then, after some time is conveyed away, *through certain ducts into the ligaments of the ovary*, which the old anatomists called the vasa deferentia; and thence by an uninterrupted path of little canals, it goes to the corpora lutea, twisted in intestinal convolutions; and from these, with unerring determination, penetrates not into the *ova*, but into the one *ovum*."

Professor Hale does not consider the anatomical relations implied in this extract, and illustrated in the plate in Professor Guernsey's work as demonstrated by external science. He therefore proceeds to treat of matters better known. The following is his classification of the Causes of Sterility.

I. *Constitutional or Predisponent.*

These are: Obesity, Chlorosis, Scrofula, Syphilis, Mercurialization, Twin-birth, Prostitution, Inordinate Sexual Intercourse, Change of Climate, Mineral Waters, Improper Diet, and Want of proper Exercise.

II. *Psychical.*—Incompatibility, Frigidity, Erotism.

III. *Ovarian.*—Atrophy of the Ovaries. Absence of the Ovaries, Imperfect development of the Ovaries, Inflammation—chronic—of the Ovaries, Degeneration, Tumors, Dropsy, Dislocation of the Ovaries.

IV. *Uterine.*—Fallopian Tubes, Stricture, Obstruction, Inflammation, Inflammation of Fimbrated Extremity, Displacement of do.

2. *The Uterus.* Absence of the Organ, Atresia, Constrictions, Occlusions of the Uterus. Of the Cavity and Cervix acquired, or Congenital, Imperfect development of the Uterus.

Atrophy, Displacements, including—Anteflexion, Retroflexion, Lateroflexion, Prolapsus, Elevation, Inversion.

Tumors, Inflammations—chronic, Endo-Metritis, Endo-Cervicitis. Ulceration, Leucorrhœa, Amenorrhœa, Dysmenorrhœa, Menorrhœa, Menstrual Irregularities.

V. *Vaginal.*—Atresia, Congenital or Accidental.

Absence of the Vagina, Non-retaining Vagina, Imperforate Hymen.

Vaginismus, Leucorrhœa.

VI. *Rectal.*—Hæmorrhoids, Prolapsus Ani, Fissures of the Anus.

VII. *Medicinal.*—Medicines which are known or supposed to be capable of causing Sterility: Agnus-castus, Apis-mel., Asarum, Baryta-carbonica, Cimicifuga. Capsicum, Caladium-seg., Caulophyllum, Cannabis, Conium, Cantharides, Chimaphila, Ferrum, Iodine, Iodide of Lead, Kali-brom., Lachesis, Mercurius, Moschus, Phytolacca, Phosphorus. Platinum, Plumbum, Pulsatilla, Ruta-graveolans, Sepia, Senecio, Sabina, Secale-cornutum, Trillium, Ustilago.

The discussion of the many subjects mentioned above occupies the space devoted to Sterility, its nature, causes and pathology. Each point is treated deliberately, carefully and at sufficient length to permit a fair exposition of *about* all that is known respecting it. It is already condensed to a narrow space: we must not mar it by abridging it.

For Treatment of Sterility space was not found within the original limits of the book, and it therefore receives ample attention in a dozen additional pages. The Index of about ten pages more closes the volume. By referring to the list of *Medicinal causes of Sterility*, it will be seen that the same medicines are enumerated that appear below as the *curative agents in Sterility.* That this should be so, is in accordance with the law of Cure, which asserts that only those medicines which cause diseases are capable of curing similar ones. No medicine, therefore can cure Sterility, without being capable, either directly or indirectly of causing that condition.

This law is not confined to the action of medicinal agents, but extends to all others: such as climate, habits of life, mental conditions and the like. That the influence of climate, particularly, is homœopathic in its action, is admirably demonstrated by Dr. T. K. Chambers.*

Taken as a work on the entire subjects properly embraced under the titles "*Abortion and Sterility*" Professor Hale's book is the most complete and practically useful that has yet been published. The questions which called up considerable controversy when the first edition was read by physicians have been generally so disposed of in this second edition as to satisfy practitioners as well as ordinary critics. There are many points indeed upon which physicians of equal experience, and at least average success may easily get up a debate: and we observe that the questions that have been earnestly, eloquently, syllogistically and sarcastically debated are not likely to be settled until they are superseded by new questions, which have only become new by being re-stated in clearer terms. The facts and general principles elucidated by this work will remain permanently available for the practical purposes of practitioners who have not time or opportunity to seek everywhere for light: and it will be most valued by those who have already most thoroughly traversed the same fields of research which our author has so zealously explored. Others who take pleasure in raising doubts, or in combatting theories not yet fully demonstrated will probably find materials for some grave reflections. But the book must nevertheless live in the world till further improvements in science shall furnish the present author or some other discriminating investigator with the means of improving or superseding it.

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* See Monthly Hom. Review, March, 1868.

6. *Therapeutic Action of Aconite.**

A VERY suggestive Article on the "Therapeutic Action of Aconite" appears in Braithwaite's Retrospect for July, 1868, page 258:

The first thing that strikes one is the tone of conservatism that characterizes it and its concessions to the "intelligent and enlightened" members of the Homœopathic school of medicine, and that Homœopathy, separated from infinitesimals, there is little fault to find with it, and again in a note on page 262 comes the climax of generosity in the following admission that "we are fully aware that Homœopathy contains an element of truth;" then follows the query "shall we continue to reject that element, merely because Hahnemann buried it in so much rubbish?" "This question the author answers most earnestly, by expressing a devout wish for the reconciliation of the differences of the two schools on the "basis of the double action of drugs." The first concession made to the disciples of Hahnemann in this Monograph, is an interesting era in the history of Homœopathy, as for more than a half century they have been branded by the profession as placed on one or the other horn of the dilemma; that they were either knaves or fools; but the large number of "intelligent and enlightened Homœopaths have compelled the admission, that after more than sixty years of laboring, we do deserve encouragement from their side to enter into the sanctuary of the opposing school, and all differences be reconciled. Has Mahomet come to the mountain or vice versa? This concession will carry a thrill of pleasure with its promulgation, especially, to timid souls who have been approximating the truths of similia similibus curantur and reaping the benefits which have accrued to them from the successful administration of remedies upon that immutable law of cure. We will ask now of our liberal half-brother in the profession, the representation of that school, which appropriates to itself, as the legitimate heir, all the lore of the past, present and I had almost been guilty of the paradox of saying the future, we would ask of him whether, prior to the promulgation by Hahnemann of his law of cure Aconite was ever suggested as a therapeutic agent in the treatment of synochal or idiopathic inflammatory fever? We have but one instance in modern writers on fevers, Dr. Fleury, and he uses it simply as an antiphlogistic and restricts its action to cases characterized by active, cerebral congestion or inflammation. It has been used successfully in rheumatism, gout, neuralgia, &c. &c., but never has it been classified by any author on therapeutics, as a diaphoretic, for we have presented to us in Dr. Reith's cases of catarrhal fever, all the phenomena of those remedies, ordinarily arranged under the head of diaphoretics.

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*Review of a Notice of Dr. Reith's Monograph on Aconite. Braithwaite's Retrospect, July, 1868.

Dr. Reith asserts that it will not cure the concomitant coryza, bronchitis or tonsilian affection, but only palliate these collateral morbific conditions by inducing perspiration and rendering the pulse softer and less frequent. This condition is a long stride towards a cure, but Aconite cannot like the present reigning panacea hobby of the profession (Carbolic acid) effect miracles. As a matter of course, after the inflammatory symptoms have abated, we look to some other specific remedy whose pathogenesis corresponds with the totality of the case, to consummate, what has been commenced by Aconite; to meet this condition the law of *Similia Similibus Curantur* has opened a rich mine of collaterals. Dr. Reith is essentially a Homœopathist, without perhaps being willing to plead guilty to the impeachment; for he distinctly admits the truth of the dogma of Similia Similibus Curantur in elaborating his ideas of the "double action of medicines," and sums up by arriving at the following conclusions, "the secondary action of Aconite being analogous to the febrile state, we infer that it will prove remedial in case of simple, uncomplicated fever only." This is a palpable recognition of the law of cure upon which is built the superstructure of Homœopathy, and if the doctor will still further extend his researches into the "double action" of many other remedies, not so positive in their action as Aconite, and study well their pathogenesis, he will find that he has done injustice to the remedy under consideration, when he asserts its inapplicability to cases of measles, scarlatina and other exanthemata. I can readily imagine, that he would find negative results, from its administration in typhus and enteric fevers. These types of fever are characterized by great erethism of the nervous system, especially the ganglia and brain, and require another class of remedies, Belladonna, Bryonia, &c. &c., each as valuable in its sphere of action, as Aconite, and the "double action" as distinct and positive. This primary and ephemeral and the secondary and permanent action, are in direct contradistinction to one another. The first may by the judicious administration of medicines be slight, and the secondary will be positive if, guided by the knowledge of this "double action," the physician will so administer his medicine, as to secure the curative, without the disease-producing effects. Dr. Reith is evidently very conservative in his views, and an independent thinker, and is not afraid to express his thoughts; such men do honor to any profession. Radicalism in medicine as in every thing else, leads to error. That all professed systems are not all bad, but that there is an element of good in even the most imperfect of systems, will be admitted, and the true physician will avail himself of that element, however trifling it may be.

The doctor's prayer for a reconciliation of the differences of the two schools, will find an echo in the heart of every honest physician of either school; and an approximation has been made towards that desirable consummation, by the acceptance of this "double action of remedies" by many of the most learned and intelligent of the old school, and the breach has been narrowing, and will finally be closed. The stumbling-block of infinitessimalism has stood in the breach, but there is an honest difference of opinion on this question, even amongst the true disciples of Hahnemann; and the only true issue between the two schools, is, that of the living, undying principle of Similia Similibus Curantur: that, and that only, is the immortal part of Homœopathy, and the more it is developed by intelligent provings, the more will it vindicate its claims to immortality.

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7. *Outlines of Physiology, Human and Comparative.* By John Marshall, F.R.S., Professor of Surgery in University College, London. Surgeon to the University College Hospital. With Additions by Francis G. Smith, M. D., Professor of Institutes of Medicine in the University of Pennsylvania. Illustrated by numerous Wood-Cuts. Philadelphia, Henry C. Lea; 1868. 8vo. pp. 1026.

Of all the text-books "designed for the use of Students" yet published, this is certainly the best we have read; but it is not certain that every student will think so. The book is large; it embraces an immense number of subjects, facts, principles, illustrations, so compressed together that most of the eloquence and poetry of this old theme of magniloquence have been pressed out of it. The author is so intent upon finding the truth itself in the very bottom of this deep well, that he keeps out of sight of the seekers of sensation wonders and mysteries, who wish to stand upon the upper surface of the earth, and gaze down into the interminable darkness. Such persons, while they get an occasional glimpse of some marvellous things, still choose to let "imagination fill up the outlines," (as Walter Scott says so many of us do on another solemn question), and they have no wish to expend their time and strength in exploring such a subterranean world as physiology proposes to reveal to their sight.

Marshall's physiology is a book for students who *are students*, for students who know something already, or who are determined to begin a campaign which shall terminate only when the war against Ignorance shall end. It is not a book for children, full of sublime and magnificent wisdom so diluted that it may suit the tastes and capacities of beginners.

We must therefore seek a fit audience for this author among the students and physicians, (men of other professions do not commonly go far in these studies), who have become tired of children's books, and having passed beyond the reach of the school-ma'am's apron-strings, have not only put away childish things, but have sought elsewhere for knowledge and been disappointed; such students will welcome the "Outlines of Physiology, Human and Comparative."

It would be useless to analyze it within a space less than a hundred pages. It is an Encyclopedia arranged as an elementary Treatise. The Illustrations, 122 in number, show neatly and truly what they pretend to show. The school-room needs *larger pictures*, it never gets *better* ones. Tho themes introduced *may be* one thousand in number. The table of contents alone is worth reading. It at least does a reader the same good that it did Mahomet to look up the ladder which reached up to Heaven, at a time when he had not time, or was not permitted to go up there.

We have first, I. Anatomy, II. General Physiology, up to page 124, III. Special Physiology:

1. Motion.

Movements of Man and Animals.

2. Sensation.—The Regulation of movements.—The Psychical Functions. —The Senses.

3. The Vegetative Functions;—Digestion;—Absorption;—Circulation;—Nutrition;—Sanguification;—Secretion;—Excretion; —Respiration;—Animal Heat and Electricity: Statics and Dynamics of the Human Body;—Reproduction; Development, ending with Growth, Decay and Death. Such is an Outline of this wonderful theme of study, useless indeed in our list of chief headings to the reader who never heard of such subjects before; but wonderfully suggestive of thought, and stimulative of all the higher powers of our being when read by one who is already familiar with them all and at home among them.

We will now pass over many fascinating Sections to catch upon some one with which we can scarcely hope to be interested. Under the general head of "*Sensation;—The Regulation of Movements;—The Psychical Functions;—The Senses,*" we have such attractive sub-headings as these:

Nervous Excitability—Conductility—Sensibility: The Cerebro-Spinal Nervous System; The Sympathetic Nervous System; The functions of different parts of the nervous system; Sleep:—The Nervous System and its Functions in Animals. Under these sub titles we see nothing to object to; though "*sleep*, which has so often "knit up the ravelled sleeve of care, and calmed the gloomy bosom of Despair," does not perform her task so well here as in some other places. We will take one extract on SOMNAMBULISM: "That kind of dreaming, in which the individual performs actions, and even speaks, as if awake, without the co-operation of the will, is known as *Somnambulism.* In this state the movements and conversation are determined by the ideas of the dream; but attention to other ideas or impressions, and memory, are entirely suspended; whilst the reasoning is limited, and the control of the pure will over the mental processes is also abrogated, The mind is absorbed in one current of ideas alone. The regular marching of soldiers in sleep, when much fatigued, and the answering of questions. by persons in a state of slumber, are examples of the lighter forms of somnambulism. In the more marked forms, chiefly occurring in hypochondriacal or hysterical individuals, the dreamer performs the most dangerous acts, follows the most perilous paths, and the most unfrequented ways, which he would be unable to do if awake, totally unconscious of any danger. He can see and hear, can dress and undress, opens doors and boxes, and, on awaking, has no recollection of what has happened. In this peculiar state, the body may be altogether insensible to pain, the ear to sound, and the eye to light, however powerful the action of these stimuli. Impressions are not perceived by the senses, so long as the attention of the individual is directed to some other subject or object; but the sensibility of any one sense is much heightened, when the mind is occupied exclusively with ideas solely connected with that sense. Sounds, which in the waking state would hardly be noticed, now appear to produce powerful impressions. In the same manner, the sensibility of the skin, when the attention is directed to it, is greatly exalted; and so on with the other senses. Cases are even recorded of individuals performing every action suggested: such as fighting, swimming or hunting; some will imitate drunken men; others will work out the most difficult problems, or go through a train of reasoning; in fact, the attention of a somnambulist can often be directed, at the will of an observer, to any given object or subject. Although, on awaking, he has no remembrance of what has taken place, yet on relapsing into a similar state, the ideas previously expressed and acts performed, may be resumed and continued. Persons who exhibit this extreme degree of somnambulism, have been said to have a *double consciousness*, one memory when awake, another when dreaming. (Wigan.) In some individuals this state may be artificially induced; but it is generally a natural phenomena.

"The so-called *magnetic-sleep* or *hypnotism*, which sometimes occurs spontaneously in nervous persons, but which is more frequently induced by the operations of so-called *animal magnetism* or *mesmerism*, is a similar mysterious phenomenon; and the constitution which predisposes to it, seems to depend on analogous abnormal states. It is chiefly observed in nervous, highly excitable, hysterical females. Its occurrence has been placed beyond a doubt, by the evidence of many observers. Indeed, new mental faculties have appeared to some to have been developed, or to have been aroused from a dormant state by means of mesmerism. Many remarkable movements and actions may, in such persons, undoubtedly be exited by suggestion; powerful contraction of the limbs may be induced, and even certain movements, impressed by others upon the magnetized individual, may suggest corresponding ideas in his mind, lead to the performance of further movements, and so appear to place the individual under the control of the operator.

"The manifestation of the so-called *Clairvoyants* and *spirit-rappers*, probably rest upon erroneous explanations of facts. Under impressions repeatedly acting on the mind, unusual so-called subjective phenomena may be induced in highly excitable persons, through the medium of the nervous centres. In the delirium of fever or of insanity, the thoughts, expressions and acts of the patient are often directed by an occasional question or remark made by a bystander: hence credulous persons may perceive, in the expressions of such individuals, supernatural manifestions; and similar phenomena are induced by so-called animal magnetism. It usually happens that in questions of this intricate nature, those are the most dogmatic who, by their previous habits of thought and education are the least qualified for such investigations. No right of opinion upon such difficult questions can be granted to enthusiastic dilletanti, or to the worshippers of a longing desire for notoriety."

We have copied this long section, not because it was the *best* in the book, but rather because it is about the *worst.* It is evident that the author here instead of endeavoring to tell more than he knows, is careful to know *very little*, and more careful still to tell us *very little of that.* Thus everything advances but mental science; and the materialistic philosophy of medicine which had reached its full proportions in pretensions a century ago, reigns still in the heart of Physiology in *this afternoon of the Nineteenth Century.*

We now pass over many well illustrated subjects which go to make up the great science of Physiology as it stands to-day. Instead of an analysis of any of them, we take another extract, which will at least do justice to the author and give satisfaction to our readers.

Under the following title a few pages are interesting:

The Liver considered as a Blood Gland.—Glycogenic Function of the Liver.

"The action of the ductless or nutritive glands, viz,, that of extracting material from the blood, elaborating it, and instead of eliminating it by ducts, returning it into the blood, by means of venous or lymphatic absorption, is to a certain extent, imitated by the liver, the largest secreting gland in the body. In the embryo, the liver is, indeed, a true *blood gland*, blood corpuscles even being developed in its capillary net-work. But probably then, and certainly after birth, the hepatic nucleated cells, which secrete the bile, like the special parenchyma of the ductless glands attract and assimilate material from the blood, and form a peculiar substance, which is not discharged by the bile-ducts, but enters the blood either through the veins or the lymphatics; most probably, however, through the former. But this substance is not albuminoid, like the supposed products of the assimilative action of the ductless glands: it is amyloid, forming an *animal-starch*, closely resembling the amylaceous substances developed so abundantly in the Vegetable Kingdom. By Claude Bernard, its discoverer, it was named *glygogène*, from its yielding sugar when mixed with ferments: it is also called *hepatine* (Pavy), and *Zo-Amyline* (Rouget)."

After giving, the mode of obtaining it, and giving its history and character in various amimals we read:

"The glycogenic function of the liver is, however, most remarkable, and constitutes a special assimilative office, superadded to its ordinary use of secreting bile. Since neither glycogen nor sugar is found in the bile, it is obvious that, if this animal starch be employed in the economy, it, or some product of it, must enter the blood, either directly through the veins, or indirectly through the lymphatics. It is now known that, not the glycogen itself, but the sugar resulting from its transformation is absorbed by the hepatic veins. The detection of considerable quantities of sugar in the blood of the hepatic veins, and of the right auricle of the heart, led, indeed, to the discovery of the glycogenic function of the liver. At first it was supposed by Bernard that the sugar itself was formed in that organ. That this is not derived directly from the starch or sugar in the food, is shown by its occurrence in animals killed after being fed, for at least a month, on meat alone. That sugar comes from the liver is shown by the fact, that after injecting water into the portal vein until the fluid escaping from the hepatic veins is colorless and free from sugar, it is possible, after waiting a certain number of hours, to obtain by injecting more water, a certain supply of sugar. Hence Bernard concludes, not merely that the sugar is produced in the liver, but that it must be formed by a slow chemical, and not necessarily vital, change of an amyloid substance within the liver. By treating the liver-substance in the mode already mentioned the glycogen is then obtained separately." We here only begin to enter on a very attractive section, but space forbids further extracts.

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8. *Atlas of Venereal Diseases.* By A. Cullerier, Surgeon to the Hospital du Midi. Member of the Surgical Society of Paris, Chevalier of the Légion D'Honneur, &c. Translated from the French, with Notes and Additions, By Freeman J. Bumstead, M. D. Professor of Venereal Diseases in the College and Surgeons, New-York, &c. With about one hundred and-fifty beautifully Colored Figures, on twenty-six Plates. Philadelphia: Henry C. Lea. 1868.

This great work has been completed in the same perfect style that gained such universal approval in the earliest specimen numbers. The plates are as perfect as the Artists of Paris or America can make them. Their number and the contents of each may give a fair table of contents for the subjects embraced in the entire work.

Plate XV. Gives ample illustrations of various forms of Chancre.
" XVI. Gangrenous Ulcer, and many forms of Bubo.
" XVII. Chancre, Strumous Buboes, &c.
Secondary Syphilis.—Plate XVIII. Macular and Papular Erythema.
Plate XIX. Confluent Mucous Patches on Labia, Penis and Scrotum.
" XX. Opaline mucous patches on various surfaces, Mercurial Stomatitis, Indurated Chancre Cicatrized; Mucous patches (rhagades).
Plate XXI. Papular syphilide, effects of Mercury. Syphilitic Lichen. Indurated Chancre.
Plate XXII. Pustular Syphilide—Vesicular Syphilide.
" XXIII. Bullous Syphilide, different forms and phases.
" XXIV. Tubercles in Groups,—Tubercular Syphilide.
" XXV. Squamous Syphilide, Onychia, Iritis.
" XXVI. Gummata. Osteitis. Necrosis.

In exploring with such guides as the author of this work and his translator, we are obliged to observe, that, though they walk very pleasantly together, "they are *not agreed*" on some very essential points in the theory of venereal diseases. Thus, the author believes that there is but *one poison* to which all the forms of venereal disease are attributable; the translator is quite certain that there are two poisons, either of which is bad enough, but of which the true syphilitic virus is by far the more malignant, the more injurious to the patient, the more perplexing to the physician, and the more difficult to eradicate from the system. It is supposed that these grand displays of pathological knowledge, forensic acuteness and gladiatorial eloquence are injurious to the progress of medical growth and progress in individual minds; that such debates, so ably conducted, and so exhaustive in their drainings upon all the recognized sources of knowledge, have only the effect of *perplexing* instead of instructing ordinary students. We have no fears here. The true doctrine on this great subject will, no doubt, soon be agreed upon, and " Wisdom" has now been so long accustomed to "cry aloud in the streets" without finding much attention paid to her voice that she can afford to speak in the dull ears of men a short time longer. This discrepancy of opinion leads in some cases to disagreement in points of practice: Thus the author considers inoculation useless: Dr. Bumstead, believing chancroid and chancre essentially different diseases, thinks inoculation often highly useful in furnishing a differential diagnosis between them. Neither of our teachers here pretends to know where syphilis *first* appeared; but M. Cullerier thinks he has proved it to have existed in very ancient times: the editor believes it to have been unknown in Europe before the Italian epidemic of the fifteenth century Other points of discrepancy we have already referred to in our former notice.

The editor has selected this work from the many hitherto published, first because it was the most complete work of the kind ever published, and also because it fully carried out an idea which he had long entertained of publishing such a work as this of his own, but which he had been deterred from attempting by the magnitude of the enterprise and the difficulty of finding in this country artists possessing the requisite skill. He has now found the work of M. Cullerier completely filling his long-cherished ideal; and he assures us "it was with special gratification" that he "found a publisher who was willing to undertake the difficult task and the pecuniary risk of reproducing M. Cullerier's work in a manner befitting its scientific and practical value."

" With regard to the execution of the Chromos, the reader will of course estimate for himself. The eye of of a critic may detect a difference between steel engravings colored by hand and chromo-lithographs, but I am confident that for all practical purposes these illustrations are not at all inferior to the originals, and they are certainly the best that the state of art in this country, aided by the most scrupulous supervision can produce."

On the subject of the "duality of poisons in what was recently included under the name 'Syphilis' the editor says, "no fears need be entertained" of the "judgment of the future." "The attempt to explain so great a difference in the effects of Contagion on the ground of different individual idiosyncrasies is opposed to all that we know of diseases in general, and has never been supported by statistics: on the contrary, it has been shown from a careful analysis of a large number of cases to be utterly fallacious (Bassereau). It is proved that this distinction was recognized by physicians living at the time of the first appearance of Syphilis in Europe (1494). After a long period of "confusion in Venereal," the doctrine of duality was revived by Bassereau in 1852; at first laughed at and ridiculed, it has been constantly gaining adherents, and it now numbers among its advocates the majority of living syphilographers. So long as any distinction is recognized in diseases I believe that this one will be retained, since it has in its support the strongest proof to be found in pathology." We have now only space to permit the editor to support his position by the following " confession" of M. Ricord, who who was formerly the leader of the "unitist" school (*See Noveau Dict. de Med. et Chir.* Pratiques T. 7ème, p. 66), to his distinguished pupil M. Fournier.

"The two kinds of chancre are very evidently dependent upon two different kinds of virus. They belong to two different diseases. The simple chancre is absolutely foreign to syphilis, and is entirely distinct from it. After prolonged observation, I am now fully convinced of this fact, and I authorize you to say so in my name."

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9. *The Materia Medica in Its Scientific Relations.* "Duæ viæ sunt esse possunt ad inquirendam et inveniendam veritatem." Novum Organum, Aph. XIX. New-Haven, Judd & White, 240 Chapel-st. 1868. pp. 42.

This is a small book, but it is one of such high claims that we have been slow in granting it, even a respectful hearing. A pamphlet of less than fifty pages, it stands forward presenting the attitude and presence of an elementary treatise. It proposes to teach us, not indeed all we need to know, but the method by which we may hope to discover it. We have read the book again, and conclude:

1. The work contemplated by the author is a collossal, a magnificent one.
2. The author will, of course go ahead in it. He knows something about it,—if we go along with him we shall not get lost.
3. The Mammoth Cave we are going to explore is one of grand proportions, —many are afraid to enter it. Some heroism is needed to venture upon it. We had a scholar once in this country of whom it was said. "He has *resolution enough to form good resolutions.*" Our present conductor most certainly possesses *that* degree of merit. We will not hesitate to fall into ranks behind him.

George the Third said he would have been willing to bestow on Dr. Johnson a small pension, and excuse him from writing any more "*If he had not written so well.*"

We would excuse this author from writing more *if he had not written so well.* He is too modest to give his name; but somebody has told us that the book is the work of Wm. W. Rodman, M. D. He is certainly the very man to do it, as far as it has gone, and we think also that he is the man to carry out the greater work contemplated and blocked out in the splendid *Prodromus* now before us. Let us have the balance.

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10. *The Calcutta Journal of Medicine,* a Monthly Record of the Medical and Auxiliary Sciences. "That alone is the right Medicine which can remove disease;—He alone is the true Physician who can restore health." Charaka. Edited by Mohendro Loll Sircar, M.D., Vol. 1. No. 1. Calcutta, India. London. Henry Turner & Co. 77, Fleet-st. 1868. 8vo. pp. 34.

A Medical Journal so respectable in appearance and so ably conducted as this would be welcome from any continent of either hemisphere of our planet.

This one comes to us from the land of Sunshine, and almost from the very spot on which the sun first rose on all science, civilization and religion. Its value will be apparent on reading a single extract on

SNAKE POISON.

This subject does not seem to have received, from either the profession, the public, or the government, that degree of attention which its terrible importance so urgently demands in this country. The number of deaths which take place annually from snake-bites is not a small one; and seeing that nothing in the shape of a true antidote has as yet been known, it is wonderful how people in general, and the profession in particular, are so perfectly apathetic about it. There is some excuse for the people of this country; for the Hindus believe that no person can be bitten by a venomous snake, or at least can die of such bite, unless it has been so ordered by an unalterable Fate. But what excuse is there for the indifference and apathy of a learned profession which has the sacred charge of the life and health of the whole human race?

The magnificent work of Dr. Patrick Russel on Indian Serpents was published about three-quarters of a century ago—in which are given descriptions of 43 varieties of the reptile, and are detailed about 150 experiments on the effects of their bites and of several reputed antidotes. But notwithstanding that the enthusiastic author in the preface to the 2d Fasciculus "indulged strong hopes that the favorable opportunity now offered by the Court of Directors will not be allowed to pass away unregarded, that inquiries will continue to be prosecuted with spirit, and that a too long neglected branch of Indian Natural History may soon, by united exertions, be highly improved—an event," the author continues, "no less important to other tropical climates than to the territories of the East India Company;" the interest in the subject seems not to have been revived. For with the exception of an elaborate article on Poison of Serpents in the 6th Vol. of the *Asiatic Researches* by Surgeon Boag of Bombay, of a few stray experiments on the bite of the venomous snakes by Surgeon Peter Breton, Superintendent of the school for Native Doctors, published in the 2d Vol. of the Transactions of the late Medical and Physical Society of Calcutta, of a few solitary cases of snake-bites published in the same, of one case published in No. 7 of the *Indian Annals of Medical Science,* and of an able article on antidotes for snake-bites in a recent number of the *Madras Quarterly Journal of Medical Science* by Dr. Waring, Indian medical literature, so far as we are aware of, seems to be singularly deficient or rather silent on this important subject of a most frightful cause of death.

We are therefore glad to notice that attention is again being roused on the subject for which we are indebted chiefly to the scientific zeal and liberality of Dr. John Shortt of Madras, and to some extent also to the very praiseworthy enlightened liberality of their Highnesses the Maharajah and the Prince of Travancore. We hail as solid accessions to experimental physiology the experiments which he and Dr. Fayrer have published, and we sincerely hope that they will continue their researches, and that other members of the profession will follow their example, and work on till something definite and conclusive is arrived at on the poison of snakes, the nature and the extent of its action on the animal, and specially on the human system, and the discovery of a rational antidote.

We have ourselves commenced in our humble way to work in this direction. The results of our investigation, we shall from time to time publish in our Journal under the head of Experimental Physiology, and we shall welcome to our pages similar experiments performed by others. In conducting these experiments it is necessary that they should be varied in all possible ways in order to elicit the largest amount of information. Thus we should not experiment with full-grown, but with young and very young snakes; and in inoculating the poison we should use small as well as large doses. Experiments should also be instituted by giving it by the mouth, and we should recommend infinitesimal (prepared according to the direction of Hahnemann) as well as massive doses. These experiments, it should be remembered, ought to serve a double purpose—the finding out of an antidote, and the enlisting the services of the poison itself as a remedial agent. Our brethren of the orthodox school may laugh at this latter idea, but physicians who have observed the remedial action of medicines administered after the *Similia Similibus Curantur* law and in infinitesimal doses, will feel the truth and the importance of our observation. The poison of the Trigonocephalus Lachesis, a species of rattle-snake common in Brazil, for the pathogenesis of which we are indebted to Dr. Constantine Hering, has already taken rank as a polychrest in the Homœopathic Materia Medica, and we confidently hope that the Cobra will supersede, or take place side by side with it.

We conclude this brief notice of the subject by offering the following practical hint to Government and the community at large, that as in diseases in general and in incurable ones in particular, prevention is better than cure, so in the present case in which we have been hitherto vainly in search of an antidote, it would be far better if instead of, or better still, if in addition to offering rewards for the discovery of an antidote, rewards were offered, and measures taken, for the extermination of the venomous species of reptiles altogether. That this will neither be impossible nor impracticable will appear evident if we remember that England was in its olden days infested by wolves and that their near extinction was brought about in a similar way by royal edict.

11. *Books Received.*

AMERICAN HOMŒOPATHIC OBSERVER. Dec. 1868. Jan. 1869.

HAHNEMANNIAN MONTHLY. Nov., Dec. Jan.

GOOD WORDS. *An Illustrated Monthly Magazine.* London, Strahan & Co. 56, Ludgate Hill. Edited by Norman Macleod, D.D., one of her Majesty's Caplains.

AMERICAN JOURNAL OF HOMŒOPATHIC MATERIA MEDICA. Nov., Dec., 1868.

PRACTICAL HOMŒOPATHY FOR THE PEOPLE. Adapted to the comprehension of the Non-Professional, and for Reference by Young Practitioners including a number of the most *Valuable New Remedies* 8th Edition.

By J. S. Douglass. A.M., M.D. Chicago, C. S. Halsey, 1868. 12mo. 133 pp.

MEDICAL INVESTIGATOR. Dec., 1868. Jan., Feb. 1869.

INTRODUCTORY ADDRESS, delivered before the class of the Medical College of Ohio. Oct. 6, 1868. By Theophilus Parvin, M.D., Cincinnati, 1868. 8vo. pp. 32.

Other Notices crowded out.

Miscellaneous Items.

1. *Small-Pox in San Francisco.*

Post-Mortem Appearances on Dissection.—Autopsies were made during December, 1868, by Dr. Howell, Health-officer, assisted by Dr. Johnson, resident physician of the Small-Pox Hospital, of persons who died of the most malignant form of the disease. The observations showed:

1. *Brain.*—Pustules, well filled with matter, completely studded the coronal portion of the dura mater: In several instances the suppuration was of such a character as to destroy the membrane where the pustules existed.

Viscera.—The pustules were found on the mucous membrane of the mouth, fauces, trachea and œsophagus. In the trachea the pustules were found down to the bottom of the lungs. In the œsophagus the pustules did not extend into the stomach.

Pustules of the same character had formed in the bladder and lower portion of the intestines. In these cases the patients had become insane from absorption of pus. (pyæmia).

The following case is given as one of violent character: A strong middle-aged working man, vaccinated in youth, re-vaccinated recently with slight local results, was taken sick on Friday with pains in the back and head: he worked all day, and till noon on Saturday, when the pains in the back and head compelled him to go to his boarding-house. The skin was dry and harsh; he called his physician on Sunday, who diagnosed the case as one of "bilious remittent fever." Monday: uneven and unnatural feel of the skin, with elevation at points, not sufficient to warrant a diagnosis of small-pox. Dr. Rowell was notified four hours later.

He found the patient covered with dark livid spots, almost black, lungs badly congested, with oppressive breathing and spitting of blood; involuntary evacuations from the bowels, that which passed being almost entirely composed with blood; blood also passed from the bladder; violent retching and vomiting of blood. The patient soon became pulseless; extremities cold; stimulants, though given freely had no effect; and the patient died in about five hours after the last-named physician saw him.

Another case is thus reported by the same physician: A man who had been frightfully pitted by the small-pox several years ago, was present in the doctor's office when several persons were being vaccinated; and, for the novelty of the thing, had the doctor to vaccinate him. The vaccination, to the astonishment of all who heard of it, was a complete success, and it was accompanied by all the local and constitutional symptoms of the genuine vaccine disease. The man was confined to his house several days, and when he had entirely recovered, the mark left on his arm was what the physicians call "splendid." About a month or more after, the same man was again taken sick with the small-pox and carried to the small-pox Hospital. The disease assumed the confluent type, and the man died in a few days after being admitted to the Hospital.

2. *Rescue of Drowning Persons.*

Rules for Resuscitating or Saving the Life of the Drowned. Adopted by the Metropolitan Board of Health. Remember that the patient must be treated instantly, and on the spot where rescued. He must be freely exposed to the open air; loosen the clothing so as to freely expose the neck and chest. All persons not needed for saving him should avoid crowding about.

1. Let the throat and mouth be cleansed by placing the patient gently face downward, with one of his wrists under his forehead. Quickly wipe and cleanse the mouth, and if the patient does not breathe, immediately begin the following movements:

2. *Posture.*—Place the patient on his back, with shoulders raised and supported easily on a folded coat or some kind of pillow.

3. *To Keep Up a Free Entrance of Air into the Windpipe.*—Let one person, at the patient's head, grasp the tongue gently and firmly with his fingers, covered with a bit of handkerchief, and drawing it out beyond the lips; then either hold it, or press the under jaw (chin) up so as to retain the tongue protruding from the mouth; but it is better to hold it in that position with the hand.

4. *To Produce and Imitate the Movements of Breathing.*—Raise the patient's extended arms upward to the sides of his head, and then pull them steadily, firmly, slowly, outwards. Next turn down the elbows by the patient's sides, and bring the arms closely and firmly across the pit of the stomach, and press them and the sides and front of the chest gently but strongly for a moment, then quickly begin to repeat the first movement.

5. Let these two kinds of movements be made very deliberately and let the two movements be repeated about twelve or fifteen times in a minute, but not more rapidly; remembering that to thoroughly fill the lungs with air is the object of the first or upward and outward movement, and to expel as much air as possible is the object of the second or downward motion and pressure. This artificial respiration should be steadily kept up for forty minutes or more when the patient appears not to breathe; and after the natural breathing begins, let the same motion be very gently continued, and let the proper stimulants be given in the intervals.

What Else is to be Done, and What is Not to be Done, while the Movements are Being Made.—If help and blankets are at hand have the body stripped, wrapped in blankets, but do not allow the movements to be stopped. Bystanders can supply dry clothing. And the assistants should briskly rub the feet and legs, pressing them firmly and rubbing upward, while the movements of the arms and chest are going on. Apply hartshorn or a feather within the nostrils occasionally, and sprinkle or lightly dash cold water upon the face and neck. The legs and feet may be rubbed and wrapped in hot blankets, if blue or cold, or if the weather is cold.

What to Do when the Patient Begins to Breathe.—Give brandy by the teaspoonful or hot sling two or three times a minute, until the beating of the pulse can be felt at the wrist, but be careful and not give more of the stimulant than is necessary. Warmth should be kept up in the feet and legs, and as soon as the patient breathes naturally, let him be carefully removed to a house, and be placed in bed, under medical care.

Another Method.—Marshall Hall's.—(This method is most useful after the other has become wearisome.)

1. Treat the patient instantly on the spot in the open air, freely exposing the face, neck, and chest to the breeze, except in severe weather.

2. In order to clear the throat place the patient gently on the face, with one wrist under the forehead, that all fluid and the tongue itself may fall forward, and leave the entrance into the windpipe free.

3. To excite respiration, turn the patient slightly on his side, and apply some irritating or stimulating agent to the nostrils, as veratrine, dilute ammonia, &c.

4. Make the face warm by brisk friction; then dash cold water upon it.

5. If not successful, lose no time, but to imitate respiration place the patient and turn the body gently, but completely, on the side, and a little beyond; then again on the face, and so on, alternately. Repeat these movements deliberately and perseveringly fifteen times only in a minute. When the patient lies on the thorax, this cavity is compressed by the weight of the body, and expiration takes place. When he is turned on the side, this pressure is removed and inspiration occurs.

6. When the prone position is resumed, make a uniform and efficient pressure along the spine, removing the pressure immediately before rotation on the side. (The pressure augments the expiration, the rotation commences inspiration.) Continue these measures.

7. Rub the limbs upward with firm pressure and with energy. (The object being to aid the return of venous blood to the heart.)

8. Substitute for the patient's wet clothing, if possible, such other covering as can be instantly procured, each bystander supplying a cloak or coat, &c. Meantime, and from time to time, to excite inspiration, let the surface of the body be slapped briskly with the hand.

9. Rub the body briskly till it is dry and warm, then dash cold water upon it and repeat the rubbing

Avoid the immediate removal of the patient, as it involves a dangerous loss of time; also the use of bellows, or any forcing instrument; also the warm bath and all rough treatment.

If the weather be very cold, and the situation exposed, a tolerable shelter should, if possible, be secured; and in extremely cold weather it may be necessary to perform the rubbing and rotating movements, with the body loosely covered with dry blankets, coats, or something of the kind.

The treatment described in these Rules, (by one, or—successively—by both of the methods,) should be persevered in for some hours, unless the patient is positively known to be dead. Persons have been restored after several hours of steady treatment in this way.

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3. *The New-York Hospital to be finally removed.*

THE city authorities have finally decided to remove the New-York City Hospital from the present location on Broadway between Duane and Worth-streets to a site at Bloomingdale. The whole value of the ground now occupied is said to be about two millions of dollars.

A Committee has just reported that the corporation has so much wealth, and also so many objects to accomplish, which require so much money, that "the annual receipts of the hospital fall short of its expenditures by over $20.000, and the interest on the purchase money of the White Plains farm is to be provided. The money necessary to build the Asylum for the Insane must also be found. Without an income from its capital, with a debt of $200.000, with a yearly deficit of about $30.000, with a demand for several hundreds of thousands to erect an Asylum for the Insane, and for $1.000.-000 from the physicians and surgeons to establish a new hospital, the financial condition of this Board is certainly embarrassing. It is possible, however, at the end of five years to obtain a complete hospital, medical and surgical, including an Asylum for the Insane at White Plains. free from debt, having a net income of over $100.000, and so to conduct the business of building, that all the departments of the hospital shall go on continuously and without interruption meanwhile." The lots then which the city Hospital has so long occupied will be leased for twenty-one years at an annual ground rent of $168.-000; the present buildings will be sold for cash, and six new pavillions will be immediately erected at Bloomingdale, at an expense of $15.000 each.

The need of the hospital now, in its present location, is not urgent, as on the 15th of October only 52 patients were found in its wards. This institution dates its history back to pre-revolutionary times. No man now lives here who saw it in its first glory.

In 1770, three physicians, viz: Peter Middleton, John Jones, and Samuel Bard petitioned the acting British Governor, Cadwallader Colden for a Charter for a hospital. This was granted the next year by Lord Dunmore, the then governor and commander-in-chief of the Province. It was dated June 13, 1771, and duly incorporated the "Society of the Hospital in the City of New-York in America." This name was changed in 1810 by the Legislature to "The Society of the New-York Hospital."

In 1773 the governors purchased five acres of ground for a hospital site, and the corner-stone of the building was laid July 27th of that year. When nearly finished it took fire, Feb. 28, 1775, and was nearly consumed; the society lost $17.500. In March following the Legislature granted £ 4000 towards rebuilding. But the war of Independence came on: the American army was driven from New-York, and the British and Hessian soldiers occupied the unfinished hospital till the war ended in the peace of 1783.

It was first opened as a regular American Hospital, January 3, 1791, when 18 patients were admitted.

4. *News from Russia.*

Dr. Bojanus writes from Moscow to Dr. Hirschel, Editor of the *Neue Zeitschrift*, as follows: On my return from Germany, while making a short stay at St. Petersburg, Herr Fleming, the Homœopathic Pharmaceutist, informed me that the minister of the Interior had formally granted the incorporation of the Society of Homœopathic Physicians of St. Peterburg, and he informed me that the statutes and by-laws would soon be made public. Soon after my return to Moscow those statutes were published in one of the official Russian newspapers.

On the 14th of October I received a note from pharmaceutist Fleming to the following effect:

"In accordance with my promise I beg to inform you that the Society of Homœopathic Physicians will hold its opening session on the 24th of October. The following officers have been chosen: Dr. Hempel, President; Dr. Dericke, Secretary; and my unworthy self, as Treasurer."

Yesterday I received a letter from our colleague Kirsch, of Wiesbaden, whose acquaintance I made with pleasure at the meeting of the "*Central Society of German Hom. Physicians*," requesting authoritative information regarding the statement which was in circulation, that Homœopathy was suppressed by Edict in Russia, &c. &c., (our readers are already posted in this direction.)

5. *Necrological.*

Died November 23d in Vienna, in consequence of inflammation of the lungs, in the 70th year of his life, Dr. of Med. WM. FLEISCHMANN, chief of the Hospital of the Merciful Sisters at Gumpendorf, Knight of the Royal Franz-Joseph Order, of his Holiness the Pope's Order of St. Gregory, of the Royal Michaelis Order of Bavaria, of the Royal St. Albrecht's Order of Saxony, Royal Order of the Crown of Prussia, the Luccaschen Ludwig's Order, member of the Institute of Physicians of Vienna, of the Central Society of Homœopathic Physicians of Europe, and of numerous other learned and scientific societies. Hardly have we recovered from the news of the death of the veteran chief TRINKS, when comes the news of the death of our beloved transatlantic collaborator Dr. FLEISCHMANN. An enthustiastic practitioner of Homœopathy and hard worker, FLEISCHMANN's loss will be deeply lamented. In the edition of the 24th of November of "Das Vaterland," a feeling and well written eulogy is published.

6. *Mutilation of the Brain.*

PROFESSOR Voit reported at the last session of the Munich Academy on the effect of taking away the two hemispheres of the brain. He says: Immediately after the operation, the bird falls into a condition similar to sleep: it puts it head under its wing and sits with closed eyes. After a few weeks it wakes out of this condition, stretches out its head, and flies away of its own accord. It is certain that it sees, hears, and has sensations. It does not take food of its own will, and remains hungry in the midst of plenty. After the operation, the space in which the two hemispheres of the the brain had lain becomes filled with an exudation of serous fluid, which gradually attains a fibrous nature, and there seems to be a tendency to replace the old brain by a new one.

7. *New-York State Homœopathic Medical Society.*

The Eighteenth Annual Session will be held in the City Hall, in Albany, Tuesday, Wednesday and Thursday, February 9th, 10th and 11th, 1869. The session has been extended over three days to afford time for purely medical discussion. It is proposed hereafter to promptly dispose of the business of the Society during the first day, and to devote the two following days to topics of purely medical and surgical interest.

8. *New-York Hospital.*

The number of patients received and treated in this hospital from Feb. 1, 1792 to Jan. 1856 was 106.111; Discharged as cured, 77.390; Relieved, 4.768; Died, 10.893.

Of late years about 150 have died each year of those brought into the hospital in a dying state from casualties in the City.

The pathological cabinet was commenced in 1840. It was intended to embrace remarkable cases as illustrated by morbid anatomy. It has become quite extensive; specimens, casts and drawings, and have been under the direction of one governor, one physician and one surgeon.

9. *Miscellany.*

Glanders.—A man recently died in Washington city from this disease. He had driven a horse which was suffering from glanders, well known to be a dangerous and highly infectious disease. The physicians who made a post mortem examination after several experiments decided that death was caused by glanders communicated from the diseased horse.

Comminuted fracture of the Clavicle from direct violence is often a serious accident, as the subclavian vein and subjacent plexus of nerves or the upper part of the chest may be seriously injured as well. In a case of this kind that was under my care some time since, the subclavian vein was apparently wounded, great extravasation of blood taking place about the shoulder and neck, and the circulation through the veins of the arm so much interfered with as to threaten gangrene. The case did perfectly well, however, by the continuous application of Arnica lotions to the shoulder, and attention to the position of the arm, (Erichsen's Science and Art of Surgery, p. 211).

The Rev. C. C. Goss has compiled a little directory of the Charities of New-York, giving the location and special character of each of the charitable institutions and relief associations of the city. It is a most useful and timely publication. "The object of the work," says Mr. Goss, "is to aid in breaking up the annoying system of street begging. Three-fourths of the beggars of this city are impostors. Of this the compiler is satisfied, from an experience of eight years among the poor. The more pitiful the representation, the greater the imposition. The most needy shrink from such demonstrations and suffer in silence rather than beg. Such have to be sought out in order to be aided. Business men, generally, do not investigate the numerous charities of the city, although they contribute annually thousands of dollars thereto. This pamphlet will aid them in dispensing their charities and in directing them where to send those who need assistance."

The Alumni of the New-York Homœopathic Medical College are requested to communicate their addresses to Edward W. Avery, M.D., Sec. Society of Alumni. Poughkeepsie, N. Y.

NORTH AMERICAN

JOURNAL OF HOMŒOPATHY.

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Original and Translated Papers.

Article LI.—*Case of Chronic Ulceration of Pharynx and Epiglottis.* By Henry N. Avery, A.M., M.D., of New-York.

It is not infrequent that cases of this nature come under the observation of physicians.

Most of them have existed a long time before the sufferer has been impressed with the neccessity of seeking aid, and often too late for medical assistance to render any permanent relief.

Some of the cases will be found to commence improving soon after medical treatment begins; others will linger for a while and then be slightly benefited; while there may be some that seem to baffle all the ingenuity, and exhaust the patience of the physician.

These last are the cases to which I would direct attention in this report.

The physician is frequently misled in forming a diagnosis from ocular demonstration of the pharynx in these cases, with no assistance to the eye.

He would have found, upon examination in this case, the simple and compound follicular with the racemose glands ulcerated, and presenting the general appearance of angina granulosa, or *preacher's-sore-throat*, characterized by great venous vascularity, with slight discoloration of the mucous membrane, and, possibly the tonsils partaking of this general appearance. This is the limit to the range of vision.

If by chance the epiglottis, vocal-chords, or larynx, partake of or sympathize with the pharyngeal difficulty, or if this condition of the pharynx be sympathetic with the ulceration of the epiglottis or surrounding parts, we are uncertain, unless we bring into use that infallible and satisfactory diagnostician the laryngoscope.

Miss B——., thirty-four years of age, of nervo-bilious temperament, native of Ohio, but, for the past five years engaged as a teacher in one of our seminaries.

She enjoyed good health up to March, 1868, when she was attacked with simple ulcerative sore throat. I prescribed Aconite and Belladonna, with Merc.-proto-Iodide, which soon produced a cure.

Nothing further was heard from her until May 15th, when she presented herself, feeling, as she expressed it, " miserably."

She possessed a strumous diathesis, and with evidence of some tubercular taint; but no one of her family had ever suffered from phthisis as far as I could ascertain. She complained of pain in back, weariness of limb, exhaustion from slight exertion, and a *tired* feeling about the throat after talking.

Upon examining the pharynx, I found congestion and ulceration; prescribed Nux as a tonic, and Bell. with Merc.-proto-odide.

June 1st, returned, feeling, about the same; continued Nux and substituted Causticum for the other remedies.

June 15th, returned, feeling relieved of the weariness of body, but the throat was about the same.

Then, being examination week in school, she was obliged to use her voice considerably, which seemed to aggravate the soreness and gave her throat the feeling of rawness.

As she was about returning to Ohio, I was prevented from doing anything more, but thought rest and change of air would be of great benefit.

September 15th, she returned from her summer vacation greatly improved. She was stronger, had a good appetite, her throat was troubling her but little, and thought she was about well.

An increase of school duties seemed to bring about a return of the old difficulty, and on Oct. 17th she called to see me.

I found her in a similar condition to that of a few months previous, with the exception of a slight cough, which arose from a tickling sensation in the larynx. Prescribed Nux and Phos.

Nov. 10th found her much as before. I advised her to allow me to make an examination with the laryngoscope, but her extreme nervousness and fear of strangulation, caused her to withhold her consent.

In absence of further knowledge of the case, I prescribed Lachesis 100 and Lycopodium 10, with an occasional dose of Sulphur.

After this she appeared to feel stronger, and the feeling of weariness disappeared, but the soreness of throat continued.

Dec. 8th, finding her still complaining of soreness of throat I prevailed upon her to allow me to use the laryngoscope.

So on Dec. 9th, I made a careful and satisfactory examination, resulting as follows.

Using Tobold's apparatus and Turck's mirror, I succeeded, after several attempts in obtaining a good sight of the pharyngeal walls and epiglottis; her extreme nervousness rendering several attempts necessary.

I found the pharynx studded with little roundish, smooth, elevated spots, like peas split in half. They were the swollen follicles.

The surrounding surface of the fauces was covered with a yellowish matter. The color of the fauces was brown-red, and the enlarged veins appeared to be radiating in different directions. Upon the anterior surface of the epiglottis, a little to the right of the median line, I discovered an ulcer in diameter about the eighth of an inch; and evidence of others having existed at different points.

This satisfied me that the pharyngeal difficulty was sympathetic to a great degree, and that if the ulceration upon the surface of the epiglottis could be removed, the patient would be relieved of further difficulty.

The next day I applied a solution of Chloride of Gold. 2grs. to the ounce, to the ulcer upon the epiglottis, and gave her a gargle of Glycerine, Tannin, and Chlorate of Potash, with a continuance of Lachesis and Lycopodium as constitutional remedies. This treatment continued for five weeks, the application being repeated twice a week.

At the end of that time her throat was well and she felt better than she had for two years.

In treating this case, the necessity of employing instrumental, as well as remedial agents was demonstrated, and with the one without the other, I doubt whether a satisfactory cure would have been effected.

In diseases of the throat, it is almost impossible to treat cases of this nature satisfactorily, without the use of the laryngoscope.

It is a most complete auxiliary and an indispensable agent in diagnosis. With it and a proper understanding of its uses, most satisfactory results can be obtained; and especially is it so, when Homœopathic remedies are used in connection with the local applications.

In the hands of Homœopathic physicians, this instrument is destined to work wonders in the treatment of throat affections.

ARTICLE LII.—*Placenta Prævia*, read before the New-York County Hom. Society. By S. LILIENTHAL, M.D. of New-York.

Before we discuss the dangers and the treatment of placenta prævia, let us examine en passant the anatomy of the organs affected. The gravid uterus, according to Donkin, anatomically and physiologically considered, consists of two parts: 1. the fundus and body, whose office is to contract. 2. the cervix or sphincter of the uterus, which passively expands during the act of parturition. Cruveilhier and Jobert observe that the neck of the uterus is entirely composed of circular fibres, which intersect each other at very acute angles, and differs therefore from the body and fundus in the absence of the superficial layer of fibres having a longitudinal direction. We may establish as a law, observes also Jobert, that the peritoneum is connected with the proper tissue of the uterus by muscular fibres, and that cellular tissue is the means of union between the peritoneum and the neck of the uterus, the vagina and large ligaments. This lax cellular tissue, according to Dr. Farre also intervenes between the anterior surface of the cervix and the posterior wall of the bladder, where they are in apposition, and in which locality the former is uncovered by the peritoneum. By means of this plentiful non-muscular element, the cervix is enabled to undergo a great amount of passive dilatation or expansion during the primary stage of labor, and by means of its circularly arranged muscular structure to contract, when the uterus has emptied itself, or in short, to perform the office of a sphincter. Hodge of Philadelphia, Barnes and other authors consider the uterus to be contracted by means of the circular, longitudinal and spiral fibres of the uterus. It is the universal action of these fibres, having the tendency to diminish the size of the uterus in every direction. Under the influence of powerful contractions of the longitudinal fibres the edges of the os-uteri are drawn over the membranes of the ovum, the length of the uterus is shortened, and the os-uteri elevated. This whole process may be resisted by the tonicity and contraction of the circular fibres of the cervix, rendering the dilatation tedious; but the action of the longitudinal fibres being more powerful, the circular fibres yield, and the os becomes dilated. Dewees also remarks, and this remark is of vast importance in placenta prævia, that during labor any effort to dilate the os-uteri by the finger or by the hand is exceedingly difficult; the contraction of the os often becoming more vehement in consequence of the force employed.

Considering our subject further, the question arises, why is it, that the placenta is occasionally developed on the cervix; and in answering it, Dr. Robert Barnes asks, why is it, that the placenta is commonly developed at or near the fundus? He reasons thus: As the ovum emerges into the uterus from the orifice of the Fallopian tubes, it is usually caught in a fold of the softened, thickened and coagulated lining mucous membrane of the uterus in the immediate vicinity of the point of entrance. There it fixes itself and there it grows, and that part of the surface of the chorion, lying in apposition with the original seat of attachment, naturally becomes developed into placenta, whilst the villi of the remaining part of the superficies disappear, or at least do not assume the placental character; and only that part of the chorion, which is in apposition with the decidua vera will be most disposed to furnish the placenta. But when the placenta remains very thin at this point of entrance,it will be insufficient for the nutrition of thefœtus; more and more vessels will be called for, until they form a placenta of enormous length, but unusual thinness (lateral placenta). In whatever place of the uterus the ovum may be caught, there its mucous membrane will be able to furnish the uterine element of placenta; and that the chorion may also at any part furnish the fœtal element, extra uterine pregnancy offers the best proof. That placenta præviæ mostly occurs in pluriparæ, is due to the greater than normal enlargement of the uterus, which thus allows the ovum to spread its attachments lower than is possible in the more pyriform uterus of primi-paræ; and the frequency of prævial attachment of the placenta in the same person as well as the frequent malpositions of the fœtus have been remarked by many observers. If the time of the fecundation of the ovule has any thing to do with placenta prævia, is doubtful; still Tyler Smith believes that this abnormal attachment may be owing to the fact of the fecundation of the ovule after its has passed from the upper to the lower portion of the uterus to the immediate vicinity of the os-uteri.

Let us examine now, what are the signs, by which we may discern the existence of placenta prævia before and during labor.

Bedford and others classify them as follows:

1. Hæmorrhage from the uterus at any time between the sixth and ninth month, and on investigation we ascertain, that there is no external cause for the bleeding, as in accidental hæmorrhage, and that the blood flows in sudden gushes at intervals, even during the quietude of sleep.

2. The lower segment of the uterus is generally larger, softer, more fleshy than in ordinary gestation.

3. The presenting part of the child cannot be made out at all or only very indistinctly and occasionally, when the os-uteri

will admit the finger, the quaggy placental mass will be felt. Sometimes a particular dragging pain in a particular part has led to a stethoscopic examination, when the cervical attachment of the placenta has been more accurately determined.

4. The side of the uterus, to which the main placenta grows, will be painful. Whenever these pains were severe, Cohen has always found considerable fibrinous deposits in the placenta and often stringy adhesions of the fœtal placenta to the uterus. The smaller part of the placenta is attached most of the time either to the right or left side, so that for diagnostic purposes it is enough to examine the right and left side.

5. More uncertain are the general signs, as flattening of the abdomen, division of the abdominal tumor, but not exactly in the middle nor according to the vertical line of the body, but more on one side than the other and a little obliquely, at which place also the swelling and pain will be felt.

6. Abortions, diseases of the placenta, dead children, placenta prævia in former pregnancies predispose pregnant women to such abnormal attachments.

The seat of placental attachment varies greatly and with it the danger to the mother and the child. The attachment in the upper section of the uterus is the rule, where we find the placenta attached to the fundus or upper zone; and we see these cases free from all unavoidable hæmorrhage, because the construction of the muscular fibres compresses and shuts up the bleeding vessels with each labor-pain; and usually, as soon, as the child is born, we find the uterus contracted and the placenta fully detached. We find 2. the lateral placenta, still normal, where the after-birth is attached either to the right or left side; 3. the latero-cervical, encroaching downwards upon the cervical zones; and 4. the cervico-orificial, where the placenta grows entirely over the inferior pole, rising on all sides so as to occupy the cervical zone all over.

Let us now examine the reason of the flooding in latero-cervical and cervico-orificial attachment of the placenta. We know that the direct cause of the flooding is the rupture of one or more of the utero-placental vessels, in consequence of the widening or dilatation of the uterine extremity or internal orifice of the cervix. The hæmorrhage is unavoidable; as according to Cazeaux, the uterus alters its form after the fifth month, the lower part of the uterus then changing from the ovoid to the globular shape; and the hæmorrhage will be the more frequent the more gestation advances, as with the rapid development of the cervix the os-uteri externum will also be more and more dilated. The hæmorrhage is more profuse at the time of labor than at any time previous to the full term of gestation, for the reason, that the effect of a labor-pain is to detach from the cervix a portion of the placental mass and consequently expose a larger surface of the utero-placental vessels, which have at the completion of gestation attained their maximum of development, Levret points out already latero-cervical attachments as the most frequent cause of laborious labor and post-partum hæmorrhage. The attachment of the placenta to the lower segment of the uterus so modifies its thickness, vascularity and capacity for contraction equally with the other portions of the uterus, situated in the same zone, that the labor is rendered painful and laborious; and when the child is born, the faulty position of the uterus, added to previous exhaustion, frequently disposes to a renewal of the hæmorrhage.

Is the hæmorrhage arterial or venous? Prof. Dalton has shown that the views of Hunter are correct in relation of the maternal circulation of the placenta, that the blood-vessels of the uterus pass into the substance of the placenta and form a portion of its mass. The maternal blood is conveyed to the uterine surface of the placenta through what are termed the curling arteries and deposited in the placental cavities, to be afterwards returned through the large veins, commonly called the sinuses. Mackenzie records the observations of many practitioners, to show, that, in women flooding from placenta prævia, the blood was arterial in color. Baudeloque records the escape of a considerable quantity of fluid scarlet blood. McClintock and Hardy record also a case from complete placental presentation, in which there came a sudden gush of about a pint of florid blood. The sudden intermitting gushing character, says Barnes, is more compatible with an arterial than with a venous source; but in passive hæmorrhage in a state of uterine muscular atony, such as often tends from placenta prævia, the mouths of the uterine sinuses must remain patulous, and unless obstructed by clots, may easily give way to retrogressive blood.

The most important circumstance connected with placenta prævia is its treatment, as statistics have shown, that the mortality is about one in three or four. Should the hæmorrhage happen before the end of gestation, that is, between the sixth and ninth month, such general rules have to be observed, as to place the patient on her back, the head low, the hips slightly elevated, on a hard matress, and to keep the air of the room pure and cool. Encouraging words from the physician will banish fear and excitement, and restore confidence and hope for a successful issue. If thirsty, cold, even iced drinks are far preferable to all herb-teas, so tenaciously recommended by all the old women in the neighborhood; in fact to keep our patient quiet, all garrulous company, all crowding in the bedroom ought to be strictly prohibited, as every such talkative friend has certainly heard of cases, where such and such a woman has really bled to death in spite of all the doctors, who surrounded her death-bed. Such things, have happened, such things will happen, unless the attending physician has the moral courage, to show the door without any ceremony to all such comforting friends; for one or two women are amply sufficient, to nurse the patient, and these must be made of such stuff, that they obey strictly the orders of the physician, and never rely on their own doubtful medical and obstetrical skill. Never allow your patient, to get up to answer the calls of nature, for such a motion or straining might remove the coagula and start afresh the flow of blood; a bed-pan has to be used without disturbing your patient. The diet should be bland and easy digestible, without putting your patient on the hunger-cure. A few doses of Aconite may frequently be indicated in the beginning, to dispel the fear of death and the excitability, produced by the mental agony. Ipecacuanha, Hamamelis, Sabina, Crocus, Trillium, Secale, Ustilago-madis may be indicated according to the symptoms of each case. The application of a sinapism between the shoulders deserves some attention, as by its powerful revulsive effects it has moderated, and even stopped many a flooding; and in placenta prævia it might be an adjuvant to serve in diminishing the impetuosity of the afflux and to gain time. Ingleby, Denman, Ramsbotham, Leroux, and others have great confidence in compression of the uterus as a valuable means, which does not prevent the use of any other. Large and graduated compresses over the iliac and hypogastric regions and fixed by a towel, may be soaked in cooling or styptic liquids without preventing internal medication or the use of the tampon. Stolz of Strasburg has often arrested hæmorrhage by forcibly compressing the uterus against the right side of the pelvis.—Bedford regards the tampon as one of the most efficient alternatives, to which we can have recourse, as by its uniform and gentle pressure it causes a coagulum, which acts for a time as a check to further loss of blood. The colpeurynter or inflatable india-rubber bag is far preferable to all other materials for tamponing, as it is according to Murray: 1, small in bulk when uninflated and its introduction, even in the cervix uteri, easy and painless, 2, when inflated to the requisite extent, it adapts itself to the surface, with which it is brought in contact; 3, it is readily withdrawn, to ascertain the condition of things, by permitting the fluid or air to escape the bag and can be easily readjusted; 4, it may be moderately inflated with ice-water, or when connected with a double syphon we are able to keep up any degree of coldness, which will insure coagulation; 5. in many cases it acts in the double capacity of plug and dilator, and therefore as a means of inducing artificial delivery. The removal of the tampon must be greatly restricted, as it almost necessarily disturbs the intra-uterine coagula. Most of the leading authorities recommend the use of the tampon and have no fears of occult hæmorrhage, and allow it to remain, till the os-uteri is dilatable. But when labor has commenced, or our patient is at the end of her pregnancy, our choice how to act must be quickly made, for many patients have been lost by doubts and irresolution. Alas! our best authorities disagree so much, and the cases are not frequent enough, to make us familiar with the best mode of treatment; and furthermore all cases are not alike, nor can they all be treated alike. Take Gooch for example, who impresses upon his readers the rule, "that when the placenta is attached over the os-uteri, you must turn and deliver; and you must do this before the constitution of your patient suffers from too long a continuance of hæmorrhage. If in a case of flooding before delivery, the presentation is that of the membranes and not that of the placenta, rupture the membranes and allow the liquor-amnii to escape; but if the placenta presents, *you have then no choice*, you must turn and deliver as soon as the parts are sufficiently relaxed to permit this to be done without violence." The German obstetricians Osiander, Siebold, Bush and many others are opposed to forced delivery in total central implantation of the placenta, and allow version only to be performed when the os-uteri has been sufficiently dilated; they then recommend partial detachment of the placenta, evacuate the liquor-amnii, turn and deliver the child. Bedford also considers the prompt withdrawal of the fœtus from the uterine cavity as the only means of safety. His advice is, to pay no sort of attention to the placenta, if its border should be separated from the cervix, select this as the point of entrance to the uterine cavity; if not, thrust your hand through the placenta, bring down the feet, deliver the child, and then if the expulsion of the after-birth should not promptly follow, carry up the hand and bring it away.—The conservative Hodge warns against the dangers from podalic version when the os-uteri is rigid, remarking, that the orifice of the uterus is irritated, often contused, lacerated or completely ruptured; and as Simpson remarks, lacerations of the cervix in placenta prævia are more than usually dangerous from the great development of the uterine blood-vessels, where the placenta is attached. Complete relaxation of the os must have taken place, before podalic version can be performed.—Among the French Puzos recommends, to introduce one finger after another into the os-uteri, and to gently titillate and irritate the orifice, as this will sometimes suffice to stop the hæmorrhage and produce contractions. Should it not suffice, dilate with *great care and gentleness*, till you are able to rupture the membranes, which will be commonly followed by expulsive contractions of the womb. Velpeau considers version only justifiable in the last stages of pregnancy, when nature or artificial means have forced the labor to begin, especially in cases of hæmorrhage from central implantation of the placenta. Many authors consider *time here as everything*, and the sooner the delivery is accomplished, the greater will be the chances of safety for mother and child.

But there is another class of practitioners of as high authority and experience, who regard turning as *the last* resource; and names like Murphy, Barnes, Simpson, Wigand, Cohen, Hall, and many others, are as good authority as any young physician wishes to follow. Dr. Edwin Murphy remarks in the last edition of his treatise on midwifery: if we are called to a case of extreme exhaustion, remove the placenta at once, plug the vagina, give a large dose of Laudanum (40 drops) in brandy, support every way the temperature of the surface; and if we find the action of the uterus still feeble, try the electric current to promote its action. But should reaction have taken place, give a full dose of ergot, which will answer the purpose. *We do not ask you to remove the child even then, because nothing is gained by it*, for the source of hæmorrhage is in the cervix uteri, exactly where it is compressed by the head of the child on one side, and the plug at the other; and besides the sudden emptying of the uterus might be attended with fatal consequences, as the pressure is suddenly taken off the great venous trunks in the abdomen, which are imperfectly filled with blood.—Dr. Andrew Inglis proposes a modification of Barnes' method. Even in natural labor Inglis has often found the first stage slow and painful, and he always promotes this stage by Dr. Hamilton's method, of producing premature labor, which is, by means of a sound or bolt to separate the membranes some inches around the cervix, which will after several applications render the cervix soft and dilatable, with a copious mucous discharge. Dr. Trask in his prize essay on placenta prævia has shown, that where the placenta is not much separated the os is almost always riged, and where separation has taken place, speedy delivery follows by natural efforts. Barnes and Simpson intend to produce artifically this separation, and they are therefore the powerful advocates of artificial partial detachment of the placenta, and thus stop all further hæmorrhage. The object of this operation is to convert a central into a lateral attachment. But even for this comparatively simple operation, Barnes advises not to hurry about it, but to wait until the os-uteri is a little expanded, to trust for some time to the plug, as the tampon by its irritation may produce labor-pain, contraction of the fundus, dilatation on the cervix: nature will then detach some part of the placenta, the presenting part will act as an inward plug, and the whole delivery be performed by natural efforts. But should there be danger in delay, Cohen, Barnes and Simpson advise, to pass one or two fingers at once through the os, seek to determine, which side of the uterus bears the great bulk of the placenta, feel for the edge of the placenta on the opposite side, rupture the membranes during the pain, tear the membranes freely from the border of the placenta, and sweep the finger round half the circumference of the os-uteri internum, so as to detach the placenta completely from that side of the uterus, to which the lesser portion adhered. Nothing then prevents the os-uteri from expanding, and nature will do the rest, or as soon as the os is soft and dilated, version may be performed with less risk or more ease. The editor of Braithwaite's Retrospect advises, when called to a case of placental presentation with flooding, to simply *plug the os-uteri* and vagina completely, so that flooding cannot possibly occur, removing the plug occasionally, to examine the state of things. As soon as the os is dilated or dilatable, to turn the child and deliver. Little blood need be lost, and *the operation is perfectly easy* when done early. As soon as the child is turned, hæmorrhage ceases. Guernsey on the contrary remarks, "suffice it to say, that in the methods formerly pursued *dreadful pain is inflicted* in forcing the hand between the adherent placenta and the uterus." His method of *evacuating very slowly* the liquor amnii by the aid of a catheter, thrust centrally through the placenta and thus stop all further hæmorrhage, is certainly known to every homœopathic physician.

Having cursorily now examined all the different methods of preserving the life of mother and child at this critical juncture, I may be allowed to form my own conclusions, although, having had the good fortune not to meet a case of placenta prævia in all the years of my practice, my own experience amounts to nothing.

The question arises at this point in my mind: how does nature arrest the hæmorrhage in placenta prævia? Dr. Arthur S. Donkin gives a satisfactory explanation to it (Edinburgh Med. Journal, 1859). He says: "We find no flooding after normal detachment of the placenta from its normal seat at the fundus, because the contraction of the uterine tissue at the seat of separation contracts and compresses the blood-vessels, and this reduces the loss of blood to a normal quantity; for it is an established rule in midwifery, that as long as the uterus contracts well after the delivery of the placenta (after-pains), we are safe from flooding. He continues then: two very important pathological facts have been demonstrated: 1, the hæmorrhage ceases or diminishes considerably in the interval between each contraction of the uterus and breaks out with every returning pain; 2, as soon as the placenta is spontaneously and entirely detached from the cervix the hæmorrhage is permanently arrested, and if the mother survives up to this period, the labor progresses and terminates without a return of the flooding. He explains this process by the following three propositions.

1. Each contraction of the uterine body (longitudinal muscular fibres) and fundus mechanically expands an arc of the cervix, the expansion of the cervix severs the placenta from its surface; hæmorrhage is the immediate result, principally *from the vascular orifices, both nervous and arterial*, opened on the surface of the cervix and partly also from the orifices of the placenta. The further progress of this passive expansion closes the bleeding orifices on the cervix *by mechanical compression* exerted by its stretched, intimately interwoven circular fibres on the outer surfaces of the utero-placental vessels, while congulation arrests the feeble flow of blood from the placental orifices. The same process repeats itself at every succeeding pain, until the whole cervix is freed from the placenta, and thus nature arrests or mitigates the hæmorrhage after each pain.

2. Flooding after spontaneous and complete separation of the placenta from the cervix is permanently arrested, not because, the process of detachment is complete, but because, when this period arrives, *the cervix is expanded and shortened to such an extent*, that the *utero-placental vessels passing through its substance are flattened and rendered impervious by the pressure of its stretched tissue.*

3. Immediately after the uterus has emptied itself of its contents, the cervix changes its *condition of mechanical expansion for a state of rigid contraction*, and it is this latter condition, which prevents hæmorrhage in prævial cases after delivery, in the same manner as contraction of the fundus prevents it after the separation of placenta in ordinary labor.

Experience verifies the proposition, that, where uterine action was vigorous, the cervix was soft and elastic, and on the contrary, where the cervix is undeveloped and rigid, uterine contractions are also feeble and insufficient, and whereas the former state is as a rule favorable to the preservation of life, the attendant hæmorrhage is so frequently fatal in the latter case. In 29 cases of spontaneous expulsion of the placenta before the child, as recorded by Dr. Trask, uterine action was strong, the cervix elastic and dilating, and all the mothers recovered.

Nature shows us therefore clearly the way, how to act, to hasten the first stage of labor; to produce contraction of the body and expansion of the cervix, and thus, if possible, to save mother and child must be our chief aim.

Our valued colleague, Dr. Mercy B. Jackson, has the greatest confidence in Pulsatilla, to change all unfavorable positions, when used at the right time and in the right way; and although her experiments have been more successful, when given near the time of parturition, than when given earlier, still as examination for the fœtal heart can be made at such early periods, we ought to do it; and *a very high dilution*, and only one dose, might produce a favorable change, for when the time of labor begins, the time for experiments is passed, and delay might be fatal.

When labor has begun, we might divide our cases in such, where uterine action is present and efficient, and therefore the cervix soft, elastic and expanding, or where we meet a tedious first stage and an undilatable rigid os-uteri.

In the first case nature does the work, and she is fully able to accomplish it without our interference. Our business here is to moderate the hæmorrhage, and Guernsey's plan is the thing; for by reducing slowly the size of the uterus, we force this organ to stronger contraction; and the only objection may be, that it disallows the use of the tampon. A combination of both, that is, to tap the sack and then use the colpeurynter might be advisable. How version can be advised with strong labor-pains, as some authors do, is more than I can understand, only it shows, that theory and practice are two different things.

But hæmorrhage with weak evanescent pains and an undilated, undilatable rigid os-uteri is a combination which may make the stoutest hand tremble. Here we would be greatly inclined to follow Dr. Inglis' plan, which can be carried out even when the cervix is still hard and undilated, for Hamilton's uterine bolt or Simpson's sound have been introduced many a time even into the unimpregnated womb. We would try with such an instrument to detach carefully some part of the placenta (opposite the side where the bulk of the placenta lies), and then detach also the membranes partially from the uterus, in order to hasten the first stage of labor. Expecting with every pain a fresh gush of blood, we would try the use of the colpeurynter, entered into the cervix of the uterus, as a plug, as a dilator; and with the exception of extreme cases, we would not disturb the tampon, till the advancing head expels it. We doubt the feasibility of rupturing the membranes, before the presentation of the child is clearly made out; as it would be a rather difficult task, to perform podalic version in a contracting uterus, should præternatural presentations take place; and in head-presentations the preference between forceps and version is still undecided. In cases of periculum in mora we would follow unhesitatingly Murphy's plan, to extract the whole placenta at once, stop by all means the loss of blood, allow the system to recover itself, and then nature may do the rest. That a meddlesome midwifery is bad midwifery, is in no case more true than in placenta prævia.

ARTICLE LIII.—*On the Use of Epigæa-repens in Gravel.* By E. M. Hale, M.D., of Chicago.

THE *Gravel Root*, (Ground Laurel. Trailing Arbutus,) has long had some reputation in urinary difficulties, and even in calculous affections. The common appellation of "Gravel root" shows that the popular belief points in the direction of its use.

I have never tested its virtues but in one instance, and its effects seemed to be so decided and curative, that I deem the case worthy of publication.

A young man, aged twenty-three, applied for treatment of a long array of symptoms, some of which seemed to indicate *enlargement of the prostate*, and others a *vesical catarrh.*

The *quantity* of urine was nearly normal.

The *quality* was decidedly abnormal. It contained a large amount of mucus, the phosphates, some blood, and a little pus. It was dark red, colored blue litmus paper red (showing its acid condition).

The pain was similar to a vesical tenesmus, a pain in the region of the neck of the bladder and prostate gland. Pressure in the perineum was painful.

He had been under the most atrocious allopathic treatment; had been drugged with Copaiva, Spts.-nitric.-dulc., turpentine, tincture muriate of iron, and other diuretics in enormous doses.

I commenced the treatment with Sulphur 30th, three doses a day for a week.

By this time he had eliminated the drug-poisons from his system, and the real symptoms of the malady began to appear uncomplicated. The blood and pus disappeared from the urine, there was less mucus, and the urine was of a lighter color.

A red, sandy sediment, however remained. This sediment was not "gritty" under the finger, at least no such sensation was perceptible.

Second prescription: Lycopodium 30th and 6th, the former in the morning, the latter in evening, for a week. No improvement except a slight diminution of the sediment.

No medicine was given for four days, at which time there appeared dysuria, pain in the region of the prostate, mucous sediment, and itching at the orifice of the urethra.

While undecided as to the next prescription, I happened to take up a vial of tincture Epigæa-repens, which I had prepared from the fresh plant, while on a visit to Mackinaw six months before. Knowing the high estimate placed on this plant, by the people, in the treatment of gravel, I resolved to test its virtues. Ten drops of the mother tincture was prescribed, to be taken every four hours.

Two days afterwards my patient brought me several small brownish particles, having the appearance of fine sand. When crushed and pressed between the fingers they had a decidedly gritty feel. Under the microscope they had the appearance of rough coarse sand. This discharge of calculi kept up for nearly a week, under the use of the Epigæa, and then ceased, and with it all the symptoms of irritation of the bladder.

It is just possible that the discharge of gravel may have been a coincidence. It is equally possible, that the Lycopodium acted curatively; but I am inclined to believe their disintegration and expulsion was caused or aided by the use of the last medicine.

Further observations are needed to place the curative powers of this plant on a certain basis.

ARTICLE LIV.—*Extracts from " Virchow's Archiv" for* 1868.

By S. LILIENTHAL, M.D. of New-York.

1. **PAPILLARY FIBROM OF THE VOCAL CHORDS IN A CHILD, 2 YEARS OLD. BY DR. REICHEL.**—R., 2 years old, admitted into the children's hospital on account of croupy symptoms.

Anamnesis shows, that the child was never sick, but always had a rough voice. Several weeks before its admittance the parents remarked a rough hoarse cough without expectoration, with at times more or less dyspnœa; and on this account they asked for its admission.

A superficial examination at the poly-clinic gave only slight catarrhal murmurs during respiration; the auscultation of the larynx showed a whistling, weak, labored breathing, whereby all the muscles of the neck, chest and abdomen were at work. The appearance of the child was pale and slightly cyanotic, the pulse accelerated, the temperature not increased. The duration of the disease spoke decisively against croup, and laryngoscopy was therefore ordered, which showed a new formation on the vocal chords. It was a clear dentritic formation, occupying the whole free edge of both vocal chords, so that there was only a little opening of the glottis in the immediate vicinity of the posterior commissure. As dyspnœa steadily increased, tracheotomy was performed to the great relief of the little patient, but after three days bronchial catarrh set in, and the little boy died six days after the operation.

Necroscopy showed an extensive capillary-dentritic formation, looking somewhat like a cauliflower, seated on the free margin of the true vocal chords, filling up Morgagni's pouches and extending down into the larynx. Small papillary excrescences are distributed over the whole surface. A microscopic profile shows clearly simple papillary fibroma with epithelial exuberance. The solitary cells have either a cylindrical, or rounded, or usual polygonal form. The muscular strata as well as those of the mucous membrane were perfectly natural.

Without doubt, such a formation is congenital; and perhaps they are more frequent, as we think, only their diagnosis is often so difficult; but I would remark, should there be no periculum in mora, to try by all means at first to destroy these adventitious formations, before performing tracheotomy: as its removal is necessary, if we will not condemn our patients to wear a canula through their whole life.

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2. **The Origin of General Convulsions in the Pons and Medulla Oblongata. By Dr. Nothnagel.**—The range of the central nervous system, wherefrom general epileptiform convulsions, *i. e.*, irregular clonic and tonic spasms of the muscles of the trunks and extremities take their source, has been greatly narrowed down by experimental researches. The spinal marrow has been excluded long ago, as it plays in the origin of convulsions only the part of a conductor; and the studies of Kussmaul, Penner, Schiff, Brown-Sequard have shown, that the possibility to produce such epileptiform convulsions, is limited to the pons and medulla oblongata. The whole extent of this limited range may be thus given: the inferior border lies on the upper end of the alæ cinereæ. Its upper border lies a little above the locus cœruleus, reaching hardly the lower border of the corpora quadrigemina; the inner border is formed by the external lateral edge of the eminentiæ teres; but it is most difficult to give precisely the external lateral border. In the upper part the bordering line lies somewhat outwardly from the lateral edge of the locus cœruleus, farther downwards it corresponds to the inner margin of the tuberculum acusticum, and finally in the lower part of the fasciculus gracilis: therefore the central point, wherefrom general convulsions issue—the spasmodic centre—has to be sought for in the pons; and the substance of the medulla oblongata proper does not possess the function to serve as the central seat of spasms.

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3. **ENDOMETRITIS DECIDUALIS. BY MRS. KASCHEWAROWA, M.D. ORENBURG, RUSSIA.**—Endometritis decidualis in the first half of pregnancy produces very frequently miscarriage, but in the latter half the woman may go to the end of her gestation, and it be the cause of a lingering and tedious delivery. The cause of this may be thus explained: The body of the womb being healthy, uterine contractions appear regular and continuous. If now the decidua were normal, that is, in its fatty degeneration, the delivery, favored by normal labor-pains, would have been quickly over, but as the decidua had not passed through this fatty degeneration, it could peal itself off from the surface of the uterus only with great exertion and after a longer time. Through the newly formed muscular fibres the decidua was firmly united to the muscular wall of the uterus, no bag could therefore present itself at the dilating and dilatable os in spite of all the contractive pains, till the decidua has peeled off; and then labor will pass on, although accompanied by hæmorrhage. We will only remark, that it is not always caused by syphilis, but frequently brought about by exposure and hard work; and slow labors may therefore be found the rule in several generations of the same family, the women being exposed to the same hardships.

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4. **LUXATIS PATELLÆ CONGENITA EXTERNA.**—Dr. Uhde has observed this malformation in four persons: once on both knees and three times on one knee, whereof one was on the right side, and twice on the left knee.

A *traumatic* luxation of the patellæ, happened in a man, who fell out from a window, and where the left foot was so crushed, rendering amputation necessary; the right knee was found painful and swollen with an outward luxation of the patella. Dr. Ponkels, the attending surgeon remarks: The state of the right knee is really astonishing; the patella is perfectly luxated outward; the edges of the condyles of the thigh are felt right under the skin; still this total luxation of the patellæ remains without any influence on the functions of the joint, and it is here the more remarkable, as the patient carries the whole weight of his body more on his own foot, than on the wooden substitute.

In a dissection of such a congental luxation of a patient, who was during life a great traveller on foot and a passionate dancer, the right foot was found a trifle shorter, but straight. The muscles of the thigh, as the rectus, cruralis, vastus int. and ext. were inserted at their normal points, but at the lower third of the thigh these were shifted outwards. Nerves and blood-vessels showed nothing abnormal. In a female fœtus of eight months with encephalocele and hydrorrhachis there was also a luxation of the first phalanx on the dorsal surface of the first metacarpal bone of the left thumb.

5. Prof. Rudnew has examined 139 phthisical lungs, in order to find out the proportion between tuberculosis and the different pneumatic processes, causing phthisis pulmonalis. He found: different pneumonias the cause of 123 cases, tubercular formations of 16 cases.

The chronic and acute pneumonias were:

Pn. catarrhalis, scrofulosa, 36 cases.

Pn. catarrhalis, complicated by the interstitial form (pn. ulcerosa of Colberg), 61 cases.

Pn. ulcerosa, complicated by pn. vesicularis miliaris acuta 16 cases.

Pn. vesicularis miliaris acuta, 10 cases.

Gray miliary tubercles as complication of former chronic pneumonic processes, 12 cases.

Tuberculosis acuta, 4 cases.

Tuberculosis in chronic phthisis is therefore always a secondary complication, and he has never seen a primary case, although having opportunity enough, to observe quite recent forms of consumption.

6. ON CHRONIC NICOTIN-POISONING. BY DR. L. SCOTTEN.—Siebert in his diagnostic relates two cases of chronic spinal irritation, and remarks, that nervous diseases have increased, since the cigar took the place of the long pipe; and other observers direct our attention to their evil consequences on the mucous membranes of the eyes, of the fauces and windpipe as well as to the secondary disturbances in the nervous system. Dr. Schotten narrates the following cases:

a. A pensioned officer complained a great deal, and still a most thorough examination failed to reveal any material organic disease. He is troubled with hyperæsthesia of different nervous branches and by psychical uneasiness. He always lived regular and still, two or three times a year his nervous tormentor assailed him. By and by disturbances in the motility were added, also spasmodic contractions of single muscles, muscular debility, dread of motion, *vertigo*; respiration, circulation, digestion, secretion of urine and skin normal. Travelling, sea-bathing, sedatives and tonics relieved somewhat, but only for a short time. Tired out he stopped entirely the immoderate use of cigars, and limited his smoking to the use of his long pipe. But old habit was stronger, and when walking out, he would use his favored Havana; but was always punished by some pain, either intercostal, or lumbal, or in the hypogastrium and stomach. His hypochondria now reached a high degree; as a new, disgusting symptom developed itself, namely an alienation of taste of the tongue, with the sensation as if the back of the tongue was filled with the settlings of his pipe. Day and night this nasty taste persecuted him, mixed itself up with his food and drink; so that at last he vowed never to use tobacco any more in any shape or manner. Two years have passed, he remained faithful to his word and knows neither ache nor pain.

b A second patient shows the following symptoms of nicotin-poisoning:

1. Psychical alteration and hypochondria in a high degree.

2. Lassitude and debility of the voluntary muscles with vertigo on motion.

3. Slow respiration, sinking down to eight in the minute, interrupted by continual yawning.

4. Different neuraligias as of the N. pudendus ext., awakening him from his sleep at 4 in the morning, with painful erections and strangury, and passing off about noon after micturating a watery urine six or eight times; of the plexus cœliacus, with continual sour eructations of the fifth left intercostal nerve, of the right plexus bracahilis.

5. Hyperæsthesia of the olfactorius, especially against tobacco and Cologne-Water; of the acousticus against music and loud talking.

All these nervous affections show the peculiarity, that after a good refreshing sleep the neuralgia pudendi wakes him up at 4 A. M., accompanied during the forenoon by one or the other neuralgia; and as soon as one ceases, another one starts in its place. Of many remedies he took, the Infusum Quassiæ frigide puratum was the only one which drove the neuralgic pain off for a time.

The action of Nicotin corresponds with the long-continued abuse of Opium, of Alcohol and Iodine; as every physician has frequently observed the torturing desire, the voraciousness which the patients feel when deprived of their stimulus, and how they crave for it, on account of their little alleviation, though sure of the penalty. After stopping the weed, a disgust against the fumes of tobacco frequently takes place, which will pass of entirely, as soon as the action of the nerves is perfectly restored.

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7. On the Origin of Tuberculosis and its Dissemination through the Body. By Prof. Klebs.—The question arises, does tuberculosis owe its origin to a peculiar virus or may it arise spontaneously? The majority of physicians oppose the opinion of a blood-dyscrasia and opinions are divided about the power of its transmissibility to animals. Villemin, Cornil and others consider the transactions closed and the thing proved; others with Lebert, Waldenberg consider the tubercle from vaccination only a product of mechanical irritation, which may be produced by the most different agents, without having anything specific about it; a third party consider with Langhans, that more experiments have to be made, still they believe human tuberculosis to be a product of specific influence.

What are the facts now? We must be sure at the very beginning, not to mix up ulcerous affection of the lungs with tuberculosis, as so many of the French investigators have done. Virchow considers the morphological element of tuberculosis the miliary granulation, the small-cellular focus; and it is the eminent power of infection, which characterizes this new formation.—Prof. Klebs came to the following conclusions.

1. Tuberculosis is a new formation, appearing either in miliary form or in larger conglomerations.

2. The scrofulous glandular swellings belong to the second form, from which a new miliary formation may emanate, and then spread farther.

3. Cheesy masses per se do not produce miliary tuberculosis.

4. The spreading of tuberculosis over the whole body proves clearly its infectious quality. The infection spreads continually, especially through the lymphatics, and only after a while through the blood-vessels.

5. It is yet doubtful, how the virus of tuberculosis enters the body, but experiments are more in favor of this supposition, than of a spontaneous origin of the tubercular poison.

6. Tuberculosis of men can be produced on animals through vaccination; and the products of non-tubercular detritus, as well as fine-grained inorganic substances may be introduced in the body, produce microscopic alterations similar to tubercles, still they differ essentially in their anatomy and in their actions from the human tubercle.

7. The inoculated tuberculosis of animals can get well, as it happens also in man.

8. The inoculation of tuberculous masses may produce forms of diseases in the lymphatic glands, resembling perfectly the scrofulous glandular diseases of man.

8. ON THE ORGANIZATION OF THE THROMBUS. BY DR. N. BUBNOFF.—We know, that the coagula are capable of organization, when and how they appear, the increase of the colorless blood-corpuscles, the passing away of the fibrin and of the red blood-corpuscles, the appearance of a perfectly organized tissue in the place of the coagulum, and also the mode of division of the blood-vessels in the organized thrombus; but the question remains still to be solved, if the thrombus gets its organization from the periphery or from its interior? Late researches of Waldeyer and Thiersch show, that the interna and even the epithelium of the veins take an active part in inflammation of the membranes of blood-vessels, and that after swelling up the interna thickens and loosens itself. Through the increase of these excrescences a soft, apparently exudative mass is, as it were, spreads over it, having sometimes a velvety appearance. Cells even, which enter the veins from the outside,

partake largely in the organization of the thrombus, and the largest quantity of cells is most probably given up by the layers of the walls of the blood-vessels and by the surrounding tissue.

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9. On Softening and Rupture of the Œsophagus and Stomach. By Dr. C. E. Hoffman.—Ramolissement of the stomach is considered by many authorities as a manifestion appearing only after death, and hardly ever observed during life. Dr. Hoffman cites the following case:

A laborer entered the hospital, complaining of headache, general malaise, loss of appetite and diarrhœa. On the same day pains in his throat set in, after having coughed for several days. Next day patient got severe abdominal pains, especially on the left side reaching upwards to the back of the chest; temperature high, deliria and sleeplessness at night, pulse small and frequent (130), extremities cold, colliquative diarrhœa. During the night he died, complaining to the last of the severe abdominal pains. Necroscopy, 13 hours after death, showed the lungs collapsed, and the thorax on both sides filled with a large quantity of black-brown, thick, granulous fluid. After lifting up the left lung a large quantity of this fluid flowed from an opening, close to the diaphragm. On this spot the œsophagus was found up to its entrance in the cardia on its posterior and lateral walls macerated, brown-red and full of holes. The surroundings of these openings were mucous, grayish-black, discolored, with necrotic pieces hanging loosely about, the anterior wall was softened and brownish-red; the destruction ceased at the cardia and the contents of the stomach were the same discolored fluid masses; the mucous membrane of the stomach as well of the upper part of the œsophagus and pharynx were pale and somewhat loose. In such cases the perforation of the œsophagus is caused by a hæmorrhagic infarct and by maceration of the altered parts through the fluids of the stomach.

ARTICLE LV.—*Atropia in Poisoning by Opium.* By HENRY N. AVERY, A.M., M.D., New-York.

Mrs. R——., residing in the Western part of the State, came to this city to visit a daughter attending one of our seminaries.

After a few days I was called to see her for an attack of gastritis, produced by crude ingesta, which soon passed away.

At the time I noticed a peculiar color of her skin, and her face bore an anxious expression.

It required but a moment's reflection to decide that she was an opium-eater. For if a person addicted to the habitual use of opium is seen once, a mistake can never be made a second time. As with the rum-drinker, so it is with the opium-eater —the face is the sign of the inner-man.

This lady was the wife of a wealthy gentleman. She fell into the practice from domestic afflictions, and when I saw her was a confirmed devotee to that powerful drug.

On the day that I saw her the second time, she was suffering from the effects of an overdose,—an increase of her daily allowance.

I found her comatose, with contracted pupils, stertorous breathing, complete insensibility, and a suffused countenance; the breathing was loud and slow.

Then I saw her I determined to try the efficacy of Atropia, thinking this would be a good case in which to test its virtue.

As the patient could not swallow or assist herself, I used the hypodermic syringe. One-sixteenth of a grain of Atropia, in a little water, was injected under the skin of the arm. This was repeated three times, each at the interval of a half hour.

A short time after the last injection, the stertorous breathing ceased and was followed by quick, short respirations. A slight, cold perspiration appeared upon the face, and a slight Belladonna eruption, upon the face and neck; the face became swollen and the pulse ran up to 130. This condition continued for some six hours, when slight muscular movements and efforts at swallowing commenced, which were the signal of returning sensibility.

A slight nervous excitement and considerable prostration continued for some days.

During the time the effects of the opium continued, stimulants were used externally and internally. Cloths wet with alcohol were wrapped around the limbs, and laid upon the chest. A little brandy and water was used as an injection, and as soon as the patient could swallow, brandy was given internally.

She continued to improve, and, with the exception of slight muscular contractions, in a few days was up and around,—a condition that, I am afraid would have been delayed without the use of Atropia.

I am satisfied that Atropia *did* antidote the opium in this instance, and would recommend its use in all similar cases.

ARTICLE LVI.—*Asafœtida Depurata*, (from Hirschel's Klinik), Provings by Dr. I. LEMBKE, in Riga, translated and with Remarks, by S. LILIENTHAL, N. Y.

THE 16th of March, 1868, at 3 o'clock P.M. I took 3 grains Asaf. with water. At 4 P.M., pain in the forehead began; frequent pressure in the shoulders, more in the right one; in the knees, also more in the right one, when sitting. Also stitching pains in the knees and joints of the feet, wandering about, when sitting. A feeling of malaise, a bruised sensation with pressure in the knees and joints of the feet, when sitting.

5 P.M. heat in the cheeks and forehead with heaviness. Several times accumulation of saliva in the mouth, bluntness of the teeth. Stitches in the finger-joints. Drawing and pressing in occiput. Drawing pain in the muscles of the neck on the right side; pressing in the muscles of the right upper arm.

6½ P.M. Heat in forehead and face, continuing with chills in the back and cold hands, off and on; sometimes drawing in the muscles of the right thigh, constant eructation of air with the taste of garlic; drawing in the muscles of the left shoulder-blade; severe pressing in the joints of the left thumb and later in the joints of the other fingers. When sitting several times slight palpitation, more like a tremor of the heart. Stitches in the right calf, and like pinching, when sitting, for a long while, then the same pain in the muscles above the right knee. Pressure in sternum. Also in walking pressure in the joints of the feet and knees. The other pains repeat themselves by turns during the whole evening.

7 P.M. Heat in the face continues, even the ears feel hot; frequent drawing in the forehead. Severe pressing pain in the joints of the right foot, when walking, continued for a great while and repeating itself. After a while the same pain in the left foot, also when sitting, but worse when walking.

8 P.M. Severe boring pains above the eyebrows, afterwards also over the right. After 8 the symptoms decrease gradually, without showing anything during the night; but on the *17th of March*, morning, 7½ o'clock, pressure in the knees and on the muscles of the right arm.

8 A.M. 6 *Grains Asaf. d.* Pressure in the knees and joints of the hands. Pressing pain in the joints of the left thumb.

The urine, passed half an hour after taking the drug, smells strongly after Asaf. Pressing pain in the muscles of the inside of the right thigh, in the joints of the right foot, repeating itself several times, attacking also the joints of the left foot in sitting as well as when walking. Drawing pains in the right toes.

9½ A.M. Heat in the face; frequent eructations, tasting of Asaf. Pressing pains in the shoulder-joints; drawing pain in the occiput; also when walking pressing pains in the knees and joints of the feet; drawing pressing pain below the edge of the ribs on the left side, when walking and in the muscles of the shoulder-blades.

9 A.M. The pains in the knees are severe and of long duration, and very frequent in the joint of the left thumb.—Several times tearing pains in the forehead, pressing pains in the thorax, in the elbow-joints, below the left shoulder-blade, in the hands, shoulders. Severe stitches in the right calf when sitting, later when walking, several times.

1 P.M. Cutting in abdomen, when walking or sitting.

During walking or sitting the pains in the knees, joints of the feet, in the muscles of the thigh are equally severe. The same pains in the joints of the upper extremities, below the edge of the ribs on the left side, also below the left shoulder-blade.

Frequent tearing in forehead and occiput.

Repeated stitches in the urethra, observed also yesterday.

All the pains continue till about 9 P.M., when they gradually decrease and the night was perfectly free.

March 18*th:* 6 A.M. half an hour after rising pains in the joints of the left foot, worse when walking, also in the left knee, worse in walking, steady and troublesome, passing off in half an hour.

7$^1/_2$ A. M. 7 *grains Asaf.*: Shortly after taking it heat in the cheeks. Pressing pain also in the right knee, joints of the foot and elbow. A pressure exactly on the vertex and on the forehead over the right eye.—Drawing pains in the occuput and in the shoulders; a drawing in the skin of the entire external surface of the left leg several times.—Drawing in the muscles of the shoulder-blades, thighs, fingers and in the right cheek. All these pains come and go several times.—Drawing in the calves, frequent eructations with the taste of the drug up to:

9$^1/_2$ A.M. Drawing in the joints of the fingers, on the dorsum of the hands and feet; motion of the painful joints increases the suffering; frequent repetition of the pains; tearing in the right temple.—Stitching drawing pains in the right knee and above it, worse in walking.—Frequent stitches in paroxysms in the joints of the small finger, worse on motion of the joint,—these pains continue the whole day when walking, but pass off towards evening.

6 P.M. Severe pressure in the joints of the hands and temples, drawing in the occiput, and after a while in the joints of the right foot.

8 P.M. Severe drawing in the lower incisors, a pain I never felt before;—Pressure in shoulders, back, of feet and other affected joints, but less severe than in the morning.

March 19*th.* A.M. after rising pressure in forehead, drawing in the muscles of the right forearm, in the muscles of the left cheek,—pressure on right tibia, in the left calf,—drawing and pressing in different places of the forehead.

8$^1/_2$ A.M. 6 *grs. Asaf.*: Drawing in the muscles of the shoulder-blades, in the toes, hands, neck, occiput, with frequent repetitions.—Pressing in the knees and above them, in the bones of the feet when sitting; in the forehead.—Severe heat in the cheeks at 8 A.M., perceptible to the touch; strong heat of the ears, which burn and are very red, mouches volantes. Severe drawing in the left tibia.—Pressure in the sternum and on the right side of it, in the bones above the forehead.—With the heat of the face, cold hands and feet, and chills of the back from 8$^1/_2$ to 9 A.M.—Constant drawing in the muscles of the right thigh, running down the knee and foot, where a pressure is several times felt, jumping up also to the knee when sitting. When walking the same pains in the lower extremities.—Repetition of former symptoms.

2 P.M. 7 *grs. Asaf.* All the old symptoms, also pressing drawing in the bones of the head, knees, toes. At 2$^1/_2$ the heat in the face, forehead and ears begins with external heat of the above parts. Stitching and itching of the eyelids. All the pains in the chest, joints and muscles of the back increase.

Pressure in the joint of the right great toe and above the right carpus and on the back of the right hand.

4 P.M. Stitches in the skin of the right forearm. Heat in the face and ears continues and with hot hands chills run down the back. The hands soon get icy cold, the coldness of the back increases and keeps on with slow pulse; steady pressing pains in the joints of the toes, hands, feet and knees, stitches in the points of the toes, in the skin of the right axilla, on the right cheek.

5 P.M. The chilliness of the back decreases and the hands lose their coldness. The usual symptoms continue.

11$^1/_2$ P.M. In bed repeatedly severe pressing in the joints of the right hand and in the right temple, and the same pains and pressing in the neck appeared *March* 20*th* at 6 A. M. in bed, exactly when awaking; after rising pressure in the left knee, then in the right tibia, then in the left foot when walking; when stooping under the left shoulder-blade severe stitches.—Stitches in the toes, pressure in the muscles of the shoulder-blades and in the shoulder-joints, increased by motion.

7 A.M. Drawing in several places of the bones of the head

in the feet, fore-arms, changing places, in the joints of the hands, jumping from one place to another, on the back of the feet, in the calves, in the temples.—Stitches in the skin on the external side of the left thigh; much pressure in the temples and shoulders; drawing in the muscles of the neck.

$8^{1}/_{2}$ 7 *grs. Asaf.*: Drawing pains in the joints of all the fingers. Soon after taking the drug heat in the face, burning in the cheeks and ears, heat in the neck and occiput, also a continual dull pressure in the lumbar region, and the old wandering pains in the joints.—Stitches in the skin of the forehead and right thigh, drawing in the calves.—Frequent eructations with taste of Asaf.—Drawing and stitches round the left ear, several times, muscæ volitantes.

$9^{1}/_{2}$ A.M. Drawing in the right lower maxilla, then in the right forehead; drawing behind the left ear; stitches in the skin of the left cheek, then on the right side.—Pressure in front below the edge of the left ribs. At 9 A.M. the hands begin to get cold and some chilliness in the back shows itself; all the pains remain of the same wandering kind with heat in the head and face.—More severe pressure in some of the costal vertebræ; bruised sensation in the shoulder and elbow joints.—The chilliness did not reach perhaps such a high degree to day from being obliged to walk incessantly the whole morning, although the other symptoms were the same in walking.

3 P.M. 7 *grains Asaf.*: The well-known symptoms repeated, sometimes severe slight stitches in the urethra.

$3^{3}/_{4}$ P.M. heat in the head, face and ears reappears with external heat of these parts and muscæ volitantes.—Pressure in forehead, drawing in left lower maxilla; in the shoulders. fingers, toes; stitching and itching in the edges of the eyelids.

4 P.M. drawing in the muscles of the left leg; stitches in the point of the tongue and pressure in the maxillary joint.—With steady heat and pressure in the head there appeared at 5 P.M. a sensation of momentary unconsciousness, when sitting and reading, then again heat in the head, then after five chilliness in the back, when at the same time the face, head, ears and hands were yet hot, especially the heat in the eyes and cheeks showed preeminently with itching, stitching and burning in the lids, especially in the right eye. Then the chilliness in the

back increased, run through the upper and lower extremities, the hands got cold, a creeping chill ran through the whole body, the nails bluish, much salivation and sometimes Asaf. eructations.

5$^1/_2$ P.M. Sickly sensation in the pit of the stomach, like pressure, not exactly painful, crawling in the skin of the back, pressure and drawing in the before-mentioned places of the joints and of the head.

In spite of a warm plate of soup the chilliness did not decrease and showed itself again at 6 o'clock after a little motion, but the hands got warmer.

6$^1/_2$ P.M. The chilliness and also the heat in the head and face have ceased. Later in the evening all symptoms decreased, and I enjoyed a good night's rest, although waked up several times by noises.

March 21*st.* The symptoms to-day are the same but very weak.

7$^1/_2$ A.M. 10 *grains Asaf.*: The pains increase right off, especially in the knees, shoulders, in the different bones of the head.

At 8 o'clock the heat and the burning in the cheeks begins with increase of all the pains. At 8$^1/_2$ the coldness of the hands sets in with blue nails with continued heat of the face and head, visible twitchings of the right lower eyelid, stitches in the point of the tongue, pressure in the sternum, chilliness in the back, wandering pains. In walking pressure in the joint of the left foot for a great while.

3 P.M. I prepared an emulsion with a drachm Asaf., and took of it *two teaspoonsful.* Hitherto I had taken small pieces of the drug enveloped in some bread. Shortly after taking the medicine heat not only in the head, but also perceptible sensation of heat along the back and increase of the old pains, especially in the feet, hands, knees, burning in the inner corner of the right eye, and although the pains appeared during walking, still they appeared with more vehemence during rest.

Drawing and stitching in the calves, in the muscles of the arms, here and there, more in the flexors. Pressure and heaviness in the head.

4 P.M. 3 *teaspoonsful of the emulsion:* The taste is not only

nauseous, but also harsh and hard to be got out of the mouth. After taking it continual running of saliva in the mouth.

Chilliness in the back, cold hands, drawing in the muscles above the knee; pressure in the joints of the thumb.—Feeling of hunger with desire for strong and cooling food.—Heat in the face, sometimes stronger, sometimes less, with cold hands, severe drawing and pressure here and there in the muscles of the right thigh, heaviness and pressure in the forehead, the cheeks and ears externally hot, with simultaneous chilliness in the back, stitches in the tongue;—pressure under the left front edges of the ribs.—The hands also sometimes get warm.—Pressure here and there in the thorax and in the muscles of the back; severe bruised feeling in the muscles of the upper arm, in the joints of the hands and feet, and severely in paroxysms in some places.—Frequent Asaf. eructation with increased saliva in the mouth.—Drawing in the finger-joints.—Repeated alternation of chilliness in the back and cold hands, with heat and heaviness and pressure in the head; even a slight motion in the warm room aggravates the chilliness. 5 P.M.

In walking up and down the room several times, severe chilliness in the back, cold feet, cold hands with blue nails; in walking about pressure in the joint of the right foot and towards the calf.—A biting, burning pain in the point of the tongue, frequently repeated.—Pressing pains, sometimes very severe, on both sides of the spinal column in the region of the short ribs, sometimes, as it seems, aggravated by motion of the trunk, and repeating itself several times. The urine, passed after taking the medicine is of Asaf. small and darker as usual, which, though appearing always, is especially perceptible today.—Frequent burning in the right eyelids, drawing pains, frequently repeated, in the joints of the lower extremities.

The fever disappears about 5$^1/_2$ P.M. and a sensation of heat only remains.

6 P.M. 3 *teaspoonsful of the emulsion:* The same symptoms all through.

9 P.M. 3 *teaspoonsful of the emulsion:* Between 6 and 9 the former symptom in the extremities showed itself again, the appetite was not disturbed at all; as in general during the whole proving no deviation appeared in the appetite, nor in the digestion, in the number nor kind of stools.

After 9 o'clock with the other symptoms, twitchings again visible in the left upper eyelid, burning in the skin externally on the left leg, pains in the front under the left ribs. During the night no symptoms.

March 22d. In the morning some pains in knees, joints of the hands, fingers, shoulders, pressure in forehead and on the back of the left short ribs.

7 A.M. 3 *teaspoonsful and at* 7³/₄ 2 *teaspoonsful,* using up the whole drachm in the emulsion. The known pains return more frequently and jump from one place to another. Heat in the head and cheeks appears right off after the second dose; more severe pressure in the occiput and in the forehead, in the muscles of the forearm, in the joints of the hands, in the left corner of the maxilla.

The stool had neither altered in quality nor in quantity during these large doses.

Chilliness appears at a quarter to nine and shows itself with a continuance of the pain in the joints of the feet, knees and elbows.

Pressing asunder in both temples, sometimes very severely. —Drawing in the toes, severe perambulating pains in the occiput; chilliness lasts till after 9 A.M., towards 11 o'clock, hunger with nausea.—During the whole day the former symptoms reappear, but pass off during the night, only to reappear after rising in the knees, joints of the feet and muscles of the extremities.

March 23d, 7 A M. 10 *grs. Asaf.* in bread, as the emulsion tasted disgustingly to me.

Soon after taking it the known pains increase and at 7¹/₂ A.M. the heat begins in the head, face and ears, mouches volantes, with external heat of these parts: Increase of the pains in the points of the fingers and in the muscles of the neck.

8 A.M. 12 *grs. Asaf.* Very strong heat in the hand and face during that hour with all other pains, especially severe pressure in some vertebræ of the thorax, burning in the edges of the right eyelids, pressure on the zygomatic bone and in the muscles of the lower extremities, burning in the point of the tongue. Towards 8 ³/₄ chilliness in the back, cool hands, severe pressing pains in the knees, when walking.

9 A.M. 16 *grs. Asaf.*: For some time stitching and burning in the urethra, but not when urinating. During walking the same old pains.

2½ P.M. 20 *grs. Asaf., and at* 3 P.M *again* 20 *grs. Asaf.*: Increase of heat and of the pains, especially back on the left side in the region of the short ribs and in the joints of the extremities. – Severe pressure in the knees, in the joints of the feet, when sitting.—Pressure on the forehead in different places, sometimes combined with stitching and burning pains. Bruised feeling in the extremities, when sitting, especially in the knees.—Pressure in single joints of the toes, in the shoulder and elbow-joints; stitches in the points of the toes, pressing and drawing in the calves; severe pressure on small places of the skull at 5 P.M.; repetition of known symptoms, especially severe drawing in the right tibia. Towards 9 P.M. the pains cease entirely and a good night follows.

March 24. 5½ A.M. Shortly after waking up tearing in the right shoulder and several times in the left tibia; after rising in the joint of the left foot, in the toes and in the finger-joints. —Drawing in the left calf, in the left cheek.—When stooping, severe pain back in the region of the left short ribs.—Several times strong pressure in the left shoulder, in the joints of the hand, in the muscles of the lower extremities.—Drawing and pressing in the muscles of the arms and joints.—Frequent repetition of these pains in different places.—In the course of the day all the usual symptoms are felt, but weaker than yesterday.—No symptoms during the night.

March 25.: With the rising the former pressing drawing pains in the joints of the extremities begin again; also here and there in the bones of the skull, in the calves, in the muscles of the arms, in the fingers, joints of the hands, weaker than day before yesterday; they appear as well during motion of the affected parts, as when at rest, but more during rest. Pressure and drawing in the bones of the face, sometimes very severe.

March 26. Some symptoms, but rarely and weak.

March 27, 7 A.M. *half a drachm Asaf.* covered with bread. ¼ of an hour after taking it heat in the head, face, back and the old pains in the joints appear oftener.

$7^1/_2$ *a full half drachm Asaf.*: Among the usual pains especially severe, pressure and pressing asunder in the temples, continually.—Lasting pressure behind in the region of the left short ribs. 9 A.M.: chilliness in the back, coldness of the hands with steady heat in the head and face, shuddering through the extremities. As I make my morning visits about that time, the chill did not develop itself fully, although continuing in the beginning during my walk; steady heat. Especially hard to bear is a pressure in forehead and maxilla, lasting for several hours.—Heaviness in forehead lasts the whole day.

3 P.M. $^1/_2$ drachm, and at $3^1/_2$ P.M. another half a drachm Asaf. with a repetition of the old symptoms. During the night, when awaking, and in the morning some pains in the joints and bones of the head.

March 28. 7 A.M., half drachm and at $7^1/_2$ another half drachm Asaf.: repetition of former symptoms; night free from pains.

March 29. All the symptoms less frequently and weaker, especially pressure and drawing in the knees, joints of the feet, knees, bones of the head, in the muscles of the extremities, in the joints of the hand, on the tibia.—On the 29th only a very few symptoms showed themselves, and on the 30th no after-effects of the action of Asafœtida.

As the increased doses, even two drachms Asaf. in one day, produced no new symptoms, but only aggravations of former ones; and the experience of Kopp, who used it for weeks against whooping-cough, without ever perceiving any secondary effects, I despaired to find something new by even larger doses; and I stopped therefore with the results obtained, which, so far as they go, affirm the symptoms, annotated in the M. M.

The great result of my proving with Asafœtida showed itself, in the pains produced in the extremities, joints, muscles, in the head, back and chest, which were of a drawing pressing nature, with relief towards evening, rarely felt during the night, uninfluenced by any change of weather, felt less during motion, than at rest, not steady in one place, but rather of a migratory character. The fever, appearing regularly after taking the drug, is only a consequence of its action on the abdominal nerves and without any therapeutical value. Urinary and sexual organs are not acted upon by Asaf. and the stools remained normal. But I was astonished, that even the large doses showed no effects on the nerves of the abdominal ganglia, and produced neither pressure on the pit of the stomach, nor other pains in the abdomen, nor bloatedness, or gurgling in abdomen or flatulency. Nor did I feel the least of all the symptoms, printed in italics in the M. M., as pressure in the œsophagus or sensation of a body rising up, &c. I expected to see spasmodic affections: as Asafœtida is a popular remedy for thoracic and abdominal spasms, used so frequently by physicians and laymen. Other remedies, proved by me, showed so often titillation and scratching in larynx and short dry cough: Asafœtida did not show anything of the kind. We find in the M. M. only a few symptoms touching the trachea and larynx; and nobody would expect from them to see them used in whooping-cough: yet Kopp (Memorabilia, II. 362) used it in homœpathic doses for it: but acknowledges, that Asaf. and Drosera do more in the other coughs, than in pertussis; but in large doses Kopp praises, the Asaf. not only for pertussis, but also for obstinate titillating cough of grown persons, especially if it is troublesome at night. It does not suppress the cough, when given at the beginning of it; but it will shorten its periods, if given steadily, the best in an emulsion of Gum-arabicum with some syrup. It never injures, but the children rather thrive under the use of Asaf. Still it is curious, that Kopp never saw any secondary effects on the other organs during such continued medication, although he was known to be a close observer. Ledum-palustre, my favorite remedy against whooping-cough, is cheaper and more pleasant to take; yet we labor under the same difficulty, the M. M. gives us very few symptoms touching the respiratory organs. Just as the provings of silver give us very little indication for its valuable use in spasms and epilepsy, nor those of China for its use in intermittents: so do the symptoms of Asaf. and Ledum give very few throat-symptoms, and still the usus in morbis showed its good effects. The M. M. says, also, that its effects may be felt for 4 to 6 weeks, but my experience contradicts it, and Kopp never saw anything like it.

In the 9th volume of the N. A. H. J. p. 111 and 283. Dr. Peters has given a far better resumé of the action of Asafœtida; although all the provings were made with large doses; yet it seems, that the constitution of Dr. Lembke did not respond to the action of Asafœtida; as other provers suffered from headache and giddiness (Jörg), aching and pressing pain, as if the whole brain was compressed (Ganz), aching pain in the region of the heart, as if from over-filling, congestion and distention of the heart, (Ganz), spasmodic tightness of the chest, as if the lungs could not be fully expanded (Otto), pulse small, contracted, irregular and slow (60–65 P.M.); it may be remarked already, that with all these provers the smaller the dose (1–2 Grs.), the more symptoms they felt; and those in a higher degree; larger doses produced only those coarse symptoms, as foul eructations, salivation, &c. Siebenhaur observed from four grain doses an oppressive aching feeling in the chest, relieved by the secretion of a mucous expectoration, and a peculiar pressing towards the genital organs, with pains in and tenderness of the testicles; one lady experienced from 2½ gr. violent labor-like pains in the region of the uterus, intermitting and returning again.

Kallenbach has used successfully the 3d dilution of Asaf. to restore a suppressed flow of milk in nursing women. Nichols recommends Asaf. in acute rheumatic heart-disease, accompanied with tightness across the chest, and where hydrothorax is disclosed upon a physical examination; Rutherford Russel finds it useful in the palpitation of females, in whom the heart is irritable, and when the cause of the attack is some suppressed secretion or bodily exertion. A small and infrequent pulse with violent action of the heart, and no disturbance of the respiration, indicates nervous weakness of the organ; and for such a state Russel has found the Asaf. often useful.—Dr. Buchmann prescribes Asafœtida frequently in caries; but when given after Silicea or when the doses were too frequently repeated, he always observed inflammation and pain and an ichorous secretion.—Holcombe has used it with benefit in several cases of scrofulous caries of the bones; but he employs the 12th dilution for these deep seated and chronic organic lesions: whereas Hughes, who rather favors the low dilutions, has never seen the slightest result from its use.

All the symptoms, so far given by the provers, have been elicited by gross doses. It is true, that some of our best writers on this drug assert, that in truly homœopathic doses Asafœt. is perfectly valueless, but facts contradict it squarely. Some consider it correllated to musk, yet Langheinz found the pathogenesis of both remedies of little value. To find out the truth, it is of the utmost necessity that our provings were made not only with the crude drugs and lowest dilutions, but also with the medium, the higher and the highest dilutions. We may call these infinitesimal doses a dynamic power or a material dose; that they act on provers and that they show their therapeutic value on the sick-bed can be cheerfully affirmed by all, who have made the trial; and as Hale says, that these men, who have made the analysis and comparative diagnosis of medicine a life study, are those who make cures with the high and highest dilutions. That there is a great deal in Hale's idea of primary and secondary symptoms, is beyond all doubt, but who can tell from the handbooks of our M. M. the one from the other. All our medicines must be reproven, not so much, that the truth of the symptoms may be verified, but to find out, which belong to either class. Our remedies have to be reproven with different attenuations, and the symptoms set down in their succession; and we would thus uncover a mine of therapeutic wealth, which we did not understand how to use, although for years in our possession. We would find out then the cause, why some diseases will only yield to crude, and even allopathic doses, whereas others yield as if by magic to the power of an unmeasurable dose; the exact similimum to a given disease may rest in a low or high dilution, but so far we are unable to decide; we are bewildered and unable to extricate ourselves. It may and will take years to do such a great work, but it must be done, for it is the only way to give us a *Materia Medica Pura.*

ARTICLE LVII.—*Removal of a Fibrous Tumor from the Roof of the Mouth, followed by Cerebro Spinal Meningitis and Acute Nephritis.* Recovery. By JOHN C. MINOR, M.D.

Theresa Augustine, colored, a cook by profession, sixty-eight years old, unmarried, presented herself at the dispensary for treatment, Nov. 11th, 1868, having the following symptoms and appearances:—An intense headache, most violent at the vertex, aggravated by stooping. There had been hardly any cessation from pain since the headache first came on, about four months previously, although at times there had been a temporary alleviation. The pain, to use her own expression, "seemed to go from the roof of the mouth to the top of the head." Damp weather increased the pain.

Her speech was somewhat indistinct and she complained of a difficulty in swallowing.

An examination of the mouth revealed the presence of a large tumor about the size of an egg, attached to the roof of the mouth just in front of the uvula. This tumor was very firm and tense, divided into lobes, elastic to the touch and evidently fibrous in character. Its base was broad, extending from the uvula anteriorly two inches, and from one alveolar process to the other. The tumor was not movable on its base. It had been growing about six months.

In all other respects the condition of the patient was good, and with the exception of an attack of intermittent fever several years ago, she had never suffered from any noticeable illness. The patient was placed under treatment which extended over a period of one month without the slightest benefit. It is unnecessary to give the treatment in detail, although I may as well state that Bryonia, Dulcamara, Rhus.-tox. and Calcarea c. were among the remedies used.

It was evident that a removal of the tumor was necessary, since it offered the only probable relief from pain and the only possible escape from an ultimate death by starvation, which its continued growth would render certain. The tumor was accordingly removed Dec. 12th. The operation presented more difficulty than I had at first anticipated. Owing to the irregular shape of the mouth and the loss of many of the teeth, it was found impossible to fix the mouth in a proper position for operating by means of any of the ordinary instruments used for the purpose; and it was not until, through the kindness of Messrs. Tiemann & Co. I procured an instument devised by Dr. Mussey of Cincinnati, that I was sure of being able to accomplish the removal. I recommend the instrument in question as one which accomplishes its work perfectly and must become a necessity to every surgeon who has occasion to operate within the mouth. Having thus secured an approach to the tumor, the next difficulty was in removing it. It was impossible to enucleate it, since it was firmly attached to the base and to the investing membrane. Its appearance indicated great vascularity, and I determined to use the ecraseur instead of the knife, passing a hook through the base of the tumor to prevent the instrument from slipping. Instead of the ordinary chain, annealed wire was used, its flexibility allowing it to follow the curve of the mouth.

There was considerable hæmorrhage during the operation, which however was controlled by Per-sulphate of Iron; Calendula wash was prescribed as a local application and light diet ordered.

Dec. 14th. High fever. Pain in the head more intense than ever. *Aconite* 30.

Dec. 16th. Fever much diminished, headache not so severe. The place from which the tumor was removed seems to be healing kindly. *Aconite* 30. *Glonoine* 30.

Dec. 17th. Head symptoms worse. Pupils somewhat dilated. Complains of aberrations of vision, bright and dark objects constantly passing before the eyes. Pain in the back of the neck. The feet are cold, the head hot. There has been vomiting of bloody matter. The bowels are constipated; the appetite not much impaired. The vomiting is probably caused by secondary hæmorrhage, the blood having been swallowed. Ordered a wash of Hamamelis for the mouth. *Aconite* 30 and *Bell.* 200.

Dec. 19th. Decided improvement in all particulars. *Continued same treatment.*

Dec. 21st. Profuse hæmorrhage; controlled by Per-sulphate of Iron. Most of the symptoms of Dec. 17th have returned in aggravated form. In addition there is a partial paralysis of the lower extremities, the head being drawn rigidly back, with acute arching of the head backwards; sensibility of the cervical and dorsal muscles. The hands are closed, the thumbs upon the palms. There are, however, no clonic spasms and no vomiting. *Gelseminum.*

Dec. 22d. Very little change. Bowels have moved. Pupils natural. Opisthotonos seems to be a little relieved, but the pain in the neck still continues. Temperature 90. *Gelseminum* 30th.

Dec. 24th. The paralysis of the lower extremities has disappeared. Pulse 75 but weak. Appetite pretty good. *Gelseminum* 30th.

Jan. 4th. All the cerebral symptoms have disappeared. The patient is very weak but has a good appetite. The pain in the head has gone entirely. *Sacc.-lac.*

Jan. 11th. Improving. Is too weak to sit up yet. Continued *Sacch.-lac.*

Jan. 14th. The face swollen, œdema of the lower lids, eyes watery. The abdomen distended with dropsy. Breathing difficult; breathes very short. A physical exploration of the chest shows an effusion in both plural cavities, most marked on the right side. The pulse is 110, skin hot and dry. The urine is scanty, dark and filled with epithelial casts, blood casts and a few small waxy casts. *Arsenicum* 30th alternated with *Apocynum* 0.

Jan. 18th. The last prescription was followed within twenty-four hours by a profuse discharge of urine with copious perspiration, and within forty-eight hours, the swelling had entirely disappeared from the face and abdomen. The effusion in the chest, however, still remains, and the breathing is in consequence quick and labored. *Sulphur* 30th.

It is unnecessary to give the history of this case any further in detail Under the use of *Sulphur* 30, followed by *Silicea* 30, the effusion in the pleural cavities was rapidly absorbed, and the patient is now well, the removal of the tumor being followed by only a slight irregularity in the appearance of the roof of the mouth. When it is remembered that the patient was sixty-eight years old, and that during the treatment she was exposed to all the noxious influences of a crowded tenement house, her recovery becomes an unexpected source of pleasure to me.

ARTICLE LVIII.—*Pharyngitis Membranacea.* By S. LILIENTHAL, M.D., of New-York.

KAFKA narrates the following case:

Mrs. A. L., about forty years old, passed five months ago through a severe attack of scarlatina, and is now taken down with a phlegmonous tonsillitis, ending in suppuration on the third day. Inspecting the fauces, we found a small, longitudinal, yellowish-gray patch on the left tonsil. After the perforation of the abscess patient slept well during the whole night. In the morning-hours of the fourth day she took severe chills and difficulty of deglutition reappeared. Several snow white spots could now be seen on the uvula, on the soft palate and on the posterior wall of the pharynx, which could not be wiped off. From hour to hour the difficulty of deglutition increased and the exudation progressed pari passu. At noon the professor of surgery and the professor of clinical medicine (allopaths) were called in consultation. The whole fauces were filled up with snow-white exudations. Prof. B. tried to remove these firmly-adhering exudations with the forceps; but failing, the exudation was pushed down in the œsophagus with a probang, so that she could again take some fluid nourishment. Soon after this operation she vomited up two tubular white masses of exudation, one of two inches, the other 2½ inches long, of one inch diameter, and nearly one third of a line in thickness. Mrs. L. now felt greatly relieved, but our joy was of short duration; for towards evening deglutition was again impossible and the fauces were again filled up with exudation. The probang was reapplied and another piece of exudation, three inches long, thrown off by vomiting. Henceforth the œsophagus remained free, but the croupous process was not yet vanquished. Towards the end of the fifth day she began to cough, showing the transplantation of the croup to the trachea. The danger rose from hour to hour, and by noon of the sixth day death by suffocation relieved her of her sufferings.

The autopsy showed the larynx entirely free from the croupy process; in the trachea a compact cylinder existed of nearly one-third of an inch in diameter, which could only be torn off from the mucous membrane after a great deal of trouble. The finer bronchial tubes were clogged up with cord-like masses of exudation; on the pharynx and œsophagus not a vestige of croup remained.

All the physicians agreed, that the cause of this fatal croup was the scarlet fever, although there was an interval of months between the two diseases.

The same author recommends for pharyngitis crouposa seu membranacea, should chills and severe fever set in, not to lose time with Aconite or Mercury, but to rely on *Iodine* 3 in solution, two teaspoonsful every hour, as this remedy possesses the power to cut short the croup. But should no amelioration appear in 24 hours, then change to *Brom.* 3 (watery solution, as Alcohol or Sugar of milk decompose the Bromine), which has still a stronger affinity to the affected organs and this morbid process. As long as the exudation is soft and creamy, it may be removed with soft linen; but as soon as they get compact and firmly adhering, every attempt of removal only increases the inflammation. It is far better practice to wait patiently, till the exudation is thrown off, which happens usually between the 5th and 9th day. Even if the croup spreads to the respiratory organs, no other treatment is indicated. We interpolate sometimes a few doses of *Sulphur* 6. but are always sure to return again to Iodine and Bromine.

Should the croup spread from the pharynx to the œsophagus, our patients will find it impossible to swallow, and the fluid returns through the nose. Here surgical aid must not be neglected, as it is our only means, to save life; and frequently an emetic of Ipecacuanha must be given, to enable the patient to throw off the membranes. In laryngeal croup tracheotomy is far too much neglected or too late performed, and ought to be performed in time, to get good results.

We know full well, that it is easier to find fault, than to do better; and furthermore, that there are, alas! a great many cases, which run their fatal course with or without treatment. Preferring this for our own excuse, for Kafka is justly considered high authority; let us examine this case carefully as to its diagnosis and its therapeutics.

Late researches have clearly proved, that all zymotic diseases are caused by microscopic fungi, and diphtheria as well as scarlatina belong to this class of diseases; and how long these carriers of deadly poison may remain latent, is still a question, left for future researches to be solved: and though the hot season ripens miasmata, the cold season also strikes down its victims; for in the winter we find scarlatina and diphtheria more prevailing than at any other time. We have ourselves seen the same patient stricken down twice with scarlatina, and Kafka and his confreres may have been justified therefore, to lay the blame at its door; especially as, according to Raue, the exudation of scarlatinous angina cannot be wiped off, as it can be done with diphtheritic plagues, the former being a fibrinous infiltration *into* the tissue of the mucous membrane, the latter an exudation *upon* it; but as a further diagnostic difference Raue says, that scarlatinous angina never spreads to the larynx nor to other accessible membranes.

Baer remarks, that in the first stage of diphtheritis we find on the deep-red or violet ground one or more snow-white membranous patches, seemingly loose; they look exactly, as if a quantity of cream were laid on the mucous membrane. In mild cases these patches may remain for a week, and be then expelled or absorbed, or the formation of membranes increases in the second week and they turn to a dingy, brown or even black color.

Now, whereas in the first or prodromal week (just as in tyhpoid fever) the patient complains only of general debility, with very little difficulty in swallowing and light fevers, all this increases to an alarming degree during the second week, which is usually the time when the patient seeks medical aid. This may also be the reason, why in many works so little mention is made of the snow-white exudation; and we find the diphtheritic membrane mostly described as like wash-leather, of yellowish-gray, brown or even black color. The fœtor of the breath is also only found in these latter stages, being only a symptom of the local mortification; still the fungoid poison had already not only invaded, but thoroughly contaminated the whole circulation, before local manifestations appeared. This prodromal stage may set in with violence, and death may take off the patient before any membrane was formed; or on the contrary, it may localize itself with such force, as to overshadow all other symptoms and encompass our whole attention. This, I believe, was the case in this fatal attack; and although no remedies are mentioned or none given, we suppose that Bromine or Arsenicum would have been choosen by Kafka.

We also consider Bromine far too much neglected in throat diseases, and especially in malignant diphtheria, for among its symptoms we find: dingy-brownish, granular, firmly-adhering (Kali-bichrom. has more loosely-adhering membranes) exudation over the mucous membrane of the œsophagus; net-shaped redness of the mucous membrane of the œsophagus, with numerous erosions; softening of the mucous membranes of the alimentary canal, *gangrenous ulcers*, inflammation of the respiratory organs with exudation of coagulable lymph, obstructing almost entirely the air-passages; the veins are generally turgid with blood, *the blood looks dingy and is fluid.* We find, therefore, in Bromine a pathological description of the affected organs, similar to what we find in diphtheria, and fully justifying its applicability to this disease; but it is far otherwise with Iodine: for the prostration of strength, produced by it is of slow growth, being caused by the loss of the adipose and cellular tissue. All the symptoms of the respiratory organs show in Iodine more the character of inflammation, than of debility, and the true membranous croup is the disease, where steadily applied for days, it will sometimes rescue the victim from the jaws of death.

Jahr agrees so far with Kafka, that he condemns the use of Mercurials in diphtheritic diseases. He relies entirely on *Apis-mellifica*, especially when, as in the case under consideration, scarlatina might be traced as the cause of the disease. We find in Apis difficulty in swallowing with stinging pains, ulcers in the throat, swelling of the glands of the neck; in fact according to Wolf a typhoid alteration of the internal mucous membrane of the whole alimentary canal and the respiratory organs; also the disorganizing and paralyzing action upon the blood and nerves, which stamps Apis as a polychrest in scarlatina and its sequelæ as well as in diphtheria. Raue, who considers the prognosis in diphtheria doubtful, after the disease has invaded the respiratory organs, recommends also Apis, when the membrane assumes at once a dirty grayish color with *puffiness* around the eyes (œdema), pain in the ears when swallowing, and great debility.

Apis and Lachesis, twin-sisters from the animal armamentarium, will suffice in most cases, to help us through these difficult cases; only we prefer Apis for the beginning, and continue with it so long, till the fœtor admonishes us, that Lachesis is the specific remedy for decomposition and humid gangrene.

Grauvogl relies on Alcohol and Arsenicum in combination. Starting from the true principle, that fungi are the cause of the disease, so is their immediate destruction the work set before us. To accomplish this he prefers a frequent local application of equal parts of Alcohol and water and gives Arsenicum 3 internally. Any other caustic will fail to accomplish the object; for Alcohol destroys only the fungus, without injuriously affecting the mucous membranes.

Is surgical aid ever necessary, and was our case in hand not aggravated and brought to a fatal issue by the means applied? It is true, and it is lamentable that it is true, that frequently as a last resort we are obliged to use means, to whose employment we do not fully agree, only in order to obviate the reproach, that every thing was not done, which could be done; and this sad case is another proof of Kane's remarks, that where the skinny exudation is loosened and removed by external means, it will soon be covered again by the same membranous mass; but where it is thrown off spontaneously, it generally does not get renewed. In diphtheria vera surgery and cauterization cannot be of any use, for the disease is a constitutional one, caused by a blood-poison, and its exudation penetrates the tissues and destroys the mucous membranes; but even in croup or in pharyngitis better success will be gained by the application of the truly indicated remedy, which will remove the totality of the disease, and not only its product.

ARTICLE LIV.—*Bronchial and Pulmonic Diseases of Winter.*

EVERY body has got a cold. Every one is complaining of a dull headache, of sneezing, of oppression in the chest, of a cough, tickling, in the bed and out of it; in fact, every body is in a bad humor with the weather, the slush, and every thing else: but let us rather bear the ills we have, than fly to others, we know not of. Patients come to their medical adviser, complaining of asthma, when they have bronchial troubles; physicians are waked up at night, to see a child, suffering from inflammation of the lungs or croup, when nothing of that sort is the matter with it. Let us therefore see, if we cannot elucidate the matter, and see clearly, what are the differences between these diseases.

The symptoms of a bronchial catarrh are frequent: cough, dry in the beginning, and after a while more or less expectoration of a foamy mucus of more or less consistency; oppression in the chest and sometimes dull, pressing or boring tickling pain under the sternum; irregular rattling murmurs (dry or moist). This acute catarrh produces fever or, by reflex, spasmodic cough. When such a catarrh is neglected and the patient is continually exposed to a chilly, raw, and impure air, the disease may increase to a croup; or in children and old people attack the bronchioles and smallest air-tubes, producing thus pneumonia or œdema pulmonum. In such a croupous bronchitis we find the expectoration consisting or fibrinous coagula, having the form of the bronchial tubes.

A genuine asthma, on the contrary, is a dyspnœa, *periodically appearing*, with spasmodic in- and expirations, as we see it in emphysema pulmonum, in bronchiectasis. These spasmodic respiratory movements are mostly caused by an irritation of the bronchial mucous membrane. Such asthmatic attacks appear suddenly, from any cause or without any cause; its symptoms are, want of breath and feeling of suffocation, irregular beating of the heart; the pulse small and weak, with convulsive motions of the trunk and extremities. The breathing is noisy, panting, whistling, rattling. The attacks may last from several minutes to hours, till by degrees the respiration gets more free, and some mucus is expectorated with the cough.

In pneumonia or inflammation of the lung-tissue we find in the beginning more or less hyperæmia in the capillarity of the pulmonal artery and fluid exudation in the vesicles. In croupous pneumonia we find more or less coagulating (fibrinous) exudation with its stages of hyperæmia, then hepatization (infiltration with coagulated fibrinous exudations) and at last puriform infiltration (softening of the firm exudation into puriform fluid). We have here fever with severe chills, great heat and pulsus dicrotus (double-beating pulse), pains may be wanting entirely or be of the most different sorts, the stitching pain is mostly caused by an accompanying pleurisy, the dull pressive by a bronchitis (for the pulmonar vesicles, per se, show very little sensitiveness); dyspnœa and hurried breathing is usually present, especially in children, but may be also slight or entirely wanting, cough is a usual symptom, but may be light, either dry or with expectoration. In the first stage the expectoration is tough, jelly-like, sticky, greenish-yellow, bloody or of rust-color, after a while it gets more copious and purulent.

Another kind of pneumonia is the lobular pneumonia, which is in fact a catarrhal capillary bronchitis with its sero-purulent exudation, a disease most frequently found among children and old people. Its symptoms are: dyspnœa, cough with more or less expectoration of mucus of different colors and consistency, oppression of the chest, dull pains and vesicular murmurs.

The mucous membrane of the larynx and trachea is subject to the same inflammations, laryngitis catarrhalis and laryngitis crouposa, and although the symptoms are similar in both diseases, still the danger is not the same. The symptoms of the former are: dryness, tension, itching, burning, even stitches in the throat; the voice is veiled, hoarseness, entire loss of the voice; cough rough, short barking; more or less difficult breathing, according to the degree of narrowing of the glottis, dyspnœa or even suffocative fits, the expectoration is at first thin and colorless and after a while puriform and of a dull color—the real croup, also called membranous croup, is an *exudative disease* upon the mucous membranes of the respiratory organs. When the fauces are affected, we may see with the naked eye the false membrane, but to a close observer the labored breathing, with the dry sawing sound will be enough, to make him beware of the threatening danger. After the usual premonitory symptoms, belonging to every catarrh, the child is suddenly aroused from a sound sleep by a hoarse, dry, croupy cough and a sensation of suffocatory anguish, this paroxysm may last several hours, after which the children go to sleep again. During the day the little patient may appear apparently well, but its altered voice, the sensitiveness or even painfulness of the throat put us on our guard, for the next night will only renew in an aggravated form the struggle for breath. Characteristic symptoms of membranous croup are: the altered voice up to perfect aphonia, the violent, short, shrill, barking, crowing cough; the hissing, sawing, hurried respiration in the intervals, this dyspnœa continues without interruption, and increases at every paroxysm. The poor little sufferer tries in every way to get a little more air; they endeavor to elongate the neck, stretching it upwards and backwards. They grasp the larynx, as if begging us to remove the obstacle of their breathing, and thus either succumb to the disease, or cough out with relief membranous patches of different sizes and shapes. As long as the cough remains dry and whistling, the disease will be on the increase, amendment shows itself by mucous rales, for the exudation softens them, dissolves as it were; and though the child is saved, weeks may pass, before the respiratory organs regain their former state of health.

So much for the diagnosis, which we have mostly extracted from Bock. Let us look now for the remedies.

Many an epidemic bronchial catarrh with rawness in the throat, much sneezing and running from the nose, pain in the chest, cough and finally diarrhoea may be arrested at the start by a few doses of *bloodroot* (Sanguinaria-can.), which always had an extensive reputation in the cure of coughs; and even cases of true croup have been cured with it.—Another excellent remedy for catarrhal affections is our old friend *the yellow-dock* (Rumex-crispus). Especially in morning coughs, when awakening from sleep, it can hardly be excelled by any other remedy, for its characteristic is cough induced by any irregularity of respiration; as inspiring a little colder air, than that previously inhaled, or cough in the evening after returning, for the cold air of the bedroom produces the tickling in the windpipe and irritation to cough.—The contrary disposition, to keep the mouth open to breathe, we find in the *Indian tobacco* (Lobolia-inflata) and for want of breath, as we find it in asthma, in spasmodic croup, and other nervous affections of the respiratory organs this remedy will show extraordinary efficacy. Let us remember also the old "*lungwort*" (Sticta-pulmonaria) for those tedious attacks of influenza, so prevalent at this season, especially when the patients cough almost incessantly during the whole night, the lungs feel oppressed, as if a hard mass collected in them; sometimes we find excessive painful dryness of the nose and throat with dry racking cough, or incessant sneezing with fullness in the forehead, extending down the nose. All such attacks find their speedy remedy in the lungwort.

Any one, used to the application of homœopathic remedies will think of Aconite, as soon as fever shows itself, and early applied, it will produce a good sweat and thus frequently cut short the disease. Cham. and Belladonna are especially good for children, or as long as the cough is tight; and when it loosens, Tart-emet. or Pulsatilla will favor the expectoration. Bryonia is to be preferred in more tedious cases; and when the patients have taken a great many cough-medicines, we would give them a few doses of Nux-vom., and follow it by Bryonia, if still necessary, or when the irritation has extended to the smaller bronchial tubes. Phosphorus has a decisive curative effect on the albuminous, gluey, pneumonia-exudation; and as long as there are no symptoms of poisoning of the blood by carbonic acid in consequence of the dispnœa and the disturbed circulation of the blood, we may rely on the good action of this remedy. The same relations, which Phosphorus has to albuminous exudations, Iodine and Bromine have to fibrinous exudations: and many physicians therefore rely on the latter remedies, wherever croup with its tough fibrinous membranes shows itself.

Many a cough might have been cured, if taken hold of in time; many a cough might have been evaded, if education would be carried on by right principles, so as to enable us and our families to withstand the continual changes of the season, and not to be stricken down, like hot-house plants by every blast of wind. Hygiene—as a knowledge, how to keep well—ought to be one of the studies in every ward-school all over the land: for a nation, enjoying good health and good constitutions, is only able to enjoy and to value the great liberties, which are the blessings of our glorious country under a constitution, which never can be excelled. S. L.

ARTICLE LX.—*Pathogenesis of Kali-hydroiodicum.* By Dr. L. T. HOUAT. (From the "Nouvelles Données de M. M. H. et de Toxicologie).

1. Vertigo with heaviness of the head.

Vertigo, especially in the morning and afternoon, or after meals.

Vertigo with vaccillation.

Vertigo and dullness, frequently with gastralgia, pains in the kidneys and abdomen.

5. Sensation of intoxication, with irresistible desire, to let the hand drop on the chest.

Sensation of weakness in the head, with somnolence and impossibility to get his ideas together.

Pulsative pains in the head.

Sensation as if he had received blows on the side of the head.

Headache, with desire to vomit, and sensation, as if a nail were pushed into his temples.

10. Pressure and pricking in the head.

Sensation of fullness in the brain, as if it were full of fluids, with a frequent and copious mucous flow from the nostrils, which alleviates somewhat the headache.

Sensation of pressure and of distension of the brain.

Disposition to incline the head to the left side.

Rush of blood to the head, with symptoms threatening apoplexy, especially after meals.

15. Pressive and lancinating headache, aggravated at night

by heat, wind and cold air and somewhat relieved by motion.

Great heaviness of the head with humid coryza.

Headache, as if by metastasis, with delirium, weakness of mind, loss of memory, and paroxysms of fear that he will get crazy.

Sensation, as if a great quantity of water was incarcerated in the brain, with heaviness of the head and somnolence, without being able to sleep.

Constant desire, to incline the head to one side or the other as if to ease his pains.

20. Sensation, as if the scalp were strongly scraped.

Lancinating and punching pains in the head, with the sensation, as if an insect would pass between the hairy skin and the bones of the skull.

Small, corrosive looking ulcers in the right parietal fossa and on the vertex of the head.

Sensation of tension, followed by small fissures in the skin of the hair, especially about the nucha.

Great disposition of the hair to change its color and to fall out.

25. Pressure and burning of the eyes, as if they would come out of the forehead.

The eyes swollen, red and painful, with great lachrymation and photophobia.

Sensation, as if a foreign body was fixed in the eyes.

Obscuration of the cornea as if it were entirely invaded by a cataract.

Sensation, as if the eyes would jump out of the orbits and fall out.

30. Swelling of the cornea, as if produced by an internal tumor, which wants to drop out.

All the eye-symptoms are aggravated by cold air.

Pupils much dilated.

Eyesight greatly weakened.

Strabismus.

35. The eyelids swollen, red and ulcerated.

A small tumor on the superior eyelid.

Intense redness of the inferior eyelid, as after the sting of an insect.

Great weariness of the eyes after a little reading.

Distensive and penetrating pains in the ears, as if an insect had crawled in.

40. Lancinating and tickling pains in the ear,with desire to cough.

Tremors and noises in the ears.

Cutting pains in the internal ear.

Otorrhœa of yellowish matter, frequently mixed with blood.

Diminution of hearing.

45. Eruption of herpetic crusts behind the ear.

Fluent coryza with great heaviness of the head.

Frequent sneezing with lachrymation.

Accumulation of very tenacious mucus in the nostrils.

Sensation of boring in the bones of the nose with lancinating pains, extending to the forehead.

50. Pulsative and burning pains in the bones of the nose and forehead with swelling.

Sensation of fullness in the nose, with pulsative pains in the bones of the nose.

Epistaxis, the blood rather decomposed and of a dark-red color.

Nasal flux of blackish, yellowish or green matter, and of a putrid and nauseous smell.

The nostrils red, ulcerated, as if threatened by gangrene.

55. The face red, swollen, inflamed with a phlyctenoid eruption.

Yellowish, bilious complexion, with black circles round the eyes.

Pale, white and transparent face, like a porcelain-figure.

The face greenish, yellowish, blackish and well marked.

Miliary eruptions, with burning itching and palpitations in the face.

60. Different red spots in the face.

Vesicles and several yellowish liver-spots in the face.

Pustular herpes, with some red veins and many ulcerations in the face.

Syphilitic looking herpes, difficult to cure, especially on the cheeks and in the beard.

Squamous herpes accompanied with heavy pimples of a copper color in the face.

65. The face very sensitive to the air, which aggravates all the symptoms.

Inflammation and swelling of the bones of the face.

Herpetic eruptions and stubborn ulcers on the upper and lower lip.

Toothache with swelling of the cheek.

A sharp pungent taste in the mouth, with sensation, as if he had masticated tobacco.

70. Aphthæ.

Swelling of the parotids, with lancinating, spasmodic, distensive pains in the jaws.

Swelling of the glands of the neck and of the inferior jaw.

Sensation of oppression in the throat and sanguineous congestion.

Inflammation and swelling of the throat and neck.

75. Gray yellowish ulcers in the throat.

Taste of tobacco in the mouth.

Bitter and acid taste.

Intense hunger, but he cannot eat on account of the bad digestion, the nausea and vomiting.

Repugnance to all food.

80. Frequent regurgitations of bitter matter with desire to vomit.

Desire for milk, wine, and spirits.

Frequent nausea.

Pituitous state in the morning and night and frequently after meals.

Digestion constantly disarranged.

85. Abundant salivation and desire to vomit, with tightness of the stomach, headache, as if a nail were pressed into his skull.

Eructations, with the taste of the food, taken some time ago.

Desire to vomit after coition.

Nausea with great straining, and sensation, of as if the chest were torn to pieces.

Frequent painful vomiting of food, bile and blood.

90. Vomiting of food and bile mixed with blood.

Vomiting of blood, preceded by heat and burning in the stomach.

Abundant and painful vomiting, frequently after meals, with tightness of the stomach as far as the back and colic.

Sensation of emptiness and hunger in the stomach, although he is not able to keep anything on his stomach, nor digest it.

Heat in the stomach, as if he had it over coals.

95. Pains and sensation, as if the stomach were pierced.

Burning pains in the stomach, accompanied with pulsating and contractive pains.

Sensation, as if he had corrosive ulcers in the stomach.

Sensation of swelling and distension of the hepatic region, with pulsating and spasmodic pains.

Pains, extending from the liver to the stomach and chest, with frequent attacks of suffocation.

100. Sensation, as if the stomach were full of bile.

Sensation of fullness and heaviness of the head.

Colic and lancinating pains in the abdomen, extending down to the legs.

Great pressure in the abdomen and hip-joint.

Pricking in the abdomen, with sensation as if it were distended and torn to pieces.

105. Inflammation of the intestines with burning pains, spasmodic and tearing, extending to the lumbar region.

Swelling of the abdomen, as in ascites, with paleness and constriction of the abdomen, continual thirst, scanty, turbid, red and dark urine.

Inflammatory tympanitis, with inertia of the bowels and constriction of the abdomen.

Pains in the bowels, as if they were perforated.

Sensation of soreness and as if the abdomen were torn to pieces.

110. The respiration is strongly felt in the intestines.

Reddish, blackish, semi-liquid stools, followed by intestinal hæmorrhage.

Flatulent colic with spasms and contractions of the abdomen, he is obliged to twist about, so severe is the pain.

Much gas incarcerated in the abdomen.

Burning pains, which spread from the abdomen to the lumbar region.

115. Severe constriction of the abdomen, followed by diarrhœa.

Slimy sanguinolent stools.

Greenish, yellowish, watery stools.

Diarrhœic stools mixed with glairy matter, bile and blood, with anorexia, great prostration, severe palpitations and pains in the heart.

Stools with tenesmus, followed by weakness.

120. Inflammation and swelling of the rectum and anus.

Severe pain in the anus, especially at night.

Hæmorrhoids and painful pimples in ano.

Pricking in the kidneys and loins, as if stung by pieces of hot iron.

Nephritic pains, with desire to grind his teeth, in order to ease his boring pains, with weakness of the spine and complete retention of urine.

125 Burning and pulsating pains, as if produced by an abcess, starting from the kidneys and going to the abdomen.

During the pains in the kidneys, abdomen and stomach: vertigo, dullness, sensation of intoxication, malaise and weakness; he cannot keep up, as every position is fatiguing and painful.

Pricking in the kidneys, accompanied by heat and distensive pains.

Spasms in the kidneys with yawning, nausea, vomiting, pituity, desire to urinate and to keep quiet.

Lancinating and burning pains in the kidneys, desire to urinate, without result, tenesmus.

130. The bladder full and swollen, without the power of emptying it.

Contraction and retraction of the neck of the bladder at the moment of urinating and during the time of passing water.

Burning and lacerating pains in the canal of the urethra, frequently with emission of blood.

Sensation of congestion and heaviness in the neck of the bladder with priapismus.

Mucous purulent flux of viscous consistency from the canal of the urethra with inflammation of the penis.

135. Frequent desire to urinate.

Urine with white flakes.

Urine of bilious nature, dark and nearly black.

Foul smelling urine, quickly decomposing.

Greenish or grayish sediment, adhering to the base of the chamber, like calcareous concretions.

140. Calculi pass with the urine.

Urine with bloody strings and flow of blood from the urethra, especially in the afternoon.

Clear, watery urine.

Abundant urine with sediment.

Strong increase of venereal desire.

145. Desire to vomit after coitus.

Descent of the testicles, with serous effusion in scrotum.

The penis swollen, inflamed, with continual semi-erections and venereal desire.

The prepuce excoriates after the slightest friction.

Ulcers with elevated borders, like chancres, or the penis with burning in the urethra.

150. Voluminous swelling of the glans with paraphymosis.

Intense and corrosive herpes on the prepuce.

Elevated condylomata, suppurating and like chancres on the penis.

Flux, like blenorrhagia, with lacerating and burning pains in the penis, constant priapismus, intestinal colic and sensation of annihilation.

Ejaculation slow or excessively prompt.

155. An erection nevertheless after the ejaculation.

Seminal losses and frequent nocturnal pollutions, very marked.

Pressive pains in the testicles, with sensation, as if they would withdraw into the pelvis.

Lancinating and pulsative pains in the scrotum, frequently after coitus.

Acute, burning, convulsive and crushing pains in the ovarian regions, especially on the right side.

160. Sensation of swelling and congestion in the ovaries with the sensation, as if there were a corrosive tumor in it.

Inflammation and swelling of the womb, with the sensation, as if something would scratch the uterine walls.

Menstruation too early or too late.

Flow of blood outside of the menstrual epoch.

Tumors, like chancres, on the neck of the uterus.

165. Spasms, burning and contraction of the neck of the womb.

Constrictive pains in the womb, impeding parturition.

The neck of the uterus swollen and contracted.

Leucorrhœa, yellow, green, foul-smelling.

Leucorrhœa, white, like milk, or pink like blood-water.

170. Flesh-colored pimples, miliary eruptions with great pains in vulva.

Leucorrhœa, simulating a blenorrhagia, with redness, smarting and burning in the vulva and thighs.

Small ulcers with elevated borders and gray base in the vulva.

Great smarting in the pubis.

Hoarseness and frequent aphony, with great heaviness in the throat and larynx, and weakness in the chest.

175. Excoriating pains in the larynx, as if containing granulations.

Considerable accumulation of mucus and like false membranes in the throat and larynx, with difficult respiration.

Intense cough, especially at night.

Raw cough, with great heaviness in the larynx, sensation of tearing in the chest and dark-red expectoration.

Deep, sonorous cough with white or greenish expectoration.

180. Deep, severe cough with expectoration of pus mixed with blood, and convulsive pains, coming from the xyphoid process.

Sibilant cough, as in croup, or spasmodic as in whooping-cough.

Expectoration of blood.

Cough, aggravated at night, hindering sleep.

Oppression, with spasmodic pains in the chest and paroxysms of suffocation, he cannot lie down, especially at night.

185. Accumulation of mucus in larynx and bronchii.

Inflammation of the chest, with sensation, as if the lungs were stuffed and obstructed, with fever and great dyspnœa.

Pains in the chest, as if the lung were full of tubercles or cavities.

Weakness of the right side of the chest, as in pulmonary disorganization with abundant purulent expectoration.

Lancinating, cutting and burning pains in the heart.

190. The heart feels full and heavy and its beats are slow.

Intermission in the palpitations of the heart, with stings and spasms in the chest, stupor and loss in the respiration.

Fear of motion, as the least movement increases the sufferings of the heart.

Strong palpitations of the heart.

Lancinating, burning and rheumatic pains of the heart with sensation, as if it were surrounded by water.

195. Sensation, as if all the vessels of the heart were dilated, with desire to take deep inspirations and to get more air.

Great smarting over the whole body, especially the head, arms and thighs.

The skin very sore, the least scratch ulcerates.

The skin feels like adhering to the bones.

A multitude of small yellow spots, showing themselves in one region, then in another, and desquamating like herpes.

200. The skin generally rough like the skin of bacon.

The skin gets red, as after a good rubbing.

Ulcers, which suppurate as it does after examinations and contusions.

Tumors like condyloma or lipoma.

Chilblains ulcerate.

205. Miliary eruptions, urticaria or vesicles, with smarting and burning, giving no rest.

Phlegmonous tumors, as if produced by contusions.

The skin very sensitive to cold.

Inflammatory swellings, which take on a gangrenous character.

Corrosive ulcers, penetrating to the bones.

210. Great agitation, with desire to move, to make gymnastic motions and to crush forcibly every thing, he holds in his hands

Predominance of the nervous and sanguineous system.

Spasms and convulsive motions in the arms, hands and legs.

Great weakness of the whole body.

Great weakness with collection of water in internal organs.

215. Nervous pains and grimaces.

Pains in the articulations, as if they were dissolved and broken.

Arthritic swelling of the articulations, with impossibility to move them.

Contusive pains in the articulations of the upper and lower extremities.

Aggravations of all the symptoms at night and in cold air.

220. Swelling with redness and heat of the arms and legs, with great disposition to suppuration.

Osteitis with suppuration.

Burning, lancinating, pulsating, punching, rheumatic, bone-pains, especially at the first cold spell in winter, and in consequence of several excesses or of syphilis.

Rigidity and swelling of the neck with spasmodic pains and great difficulty to move the head.

Tumor of the neck, as if he had the mumps.

225. Hard, indolent tumor, and of lipomatous form on the nucha.

Lancinating and burning pain on the back with impossibility to lie down.

Lancinating and spsmodic pains in the arms, with œdematous swelling.

Paralytic rigidity of the arms.

Contraction of the back, with diminution of the chest.

230. Swelling of the hands as if caused by chilblains.

Fast growing of the nails.

Painful tumors in the fingers, like whitlows.

Rigid, but very weak legs, hardly supporting the weight of the body.

Swelling of the legs during the night.

Painful spasms in the calves of the legs.

235. Pulsating and burning pains in the feet.

Chills in the feet with swelling.

Arthritic pains, especially in the heels, which are swollen and red.

Heat with abundant sweat, smarting and contused feeling in the leg.

Cold chills and general coldness, he cannot get warm.

240. Great heat as after having taken much exercise; after the excessive chill with trembling, fever with prostration, chills on the back and feet, intense thirst, desire for sugared water, and anorexia.

Fever, especially in the morning, when awaking, when lying down in the evening and during the night.

Strong and accelerated pulse.

Copious perspiration, especially in the morning in bed.

245. Desire to sleep, which he cannot keep off in the afternoon.

Profound sleep, during the first part of the night, sleeplessness towards morning.

Troubled and painful sleep in the morning and after meals.

Agitated sleep, especially in the morning; when waking up, he does not recollect to have slept.

Great disposition to anger and ill-humor.

250. Rebellious obstinacy.

Impossibility to get his ideas together or to keep up a discussion.

Loss of memory.

Great disposition of fear.

Weak-mindedness, and paroxysms of insanity, accompanied by great headache.

ARTICLE LXI.—*Surgery of the Cervix.* Dr. THOS. ADDIS EMMET, M.D., recently read an important paper upon *The Surgery of the Cervix, in connection with the Treatment of certain Uterine Conditions familiar to all.* Med. Soc. of New-York.

DYSMENORRHŒA and sterility had been too indiscriminately treated by division of the cervix, though there were certain cases which required it. Where they were dependent on flexure, this might be due to interference with the uterine circulation—a kind of chordee. They might depend upon causes wholly extra-uterine. The treatment must vary with the cause. In erosion, with follicular disease, large vaginal injections of hot water were invaluable as preparatory to other treatment, such as various topical applications to the cervix, by means of the "applicator," or intra-uterine injections. Dr. Emmet's favorite remedies, with their method of application and the conditions calling for them, were described at length. Other treatment failing, an existing flexure might be considered due to mechanical causes and demand surgical interference. The forms of flexure specially belonging to the unmarried and to the married condition, their consequences, their operative treatment, and its general results, were detailed. The paper dwelt upon the very different treatment required for anteflexion, and the serious effects that had followed a neglect of this distinction. It noted the bad results of the lateral division of the cervix, as well as of its lateral laceration in child-birth, with the appropriate treatment. It gave the indications for amputation of the cervix, and the precautions necessary to be observed in this operation. As cauliflower growth and malignant disease were now considered to be purely local in their origin, they might probably be effectually and permanently cured by amputation, if only they could be discovered and treated in their initial stages, before infiltration of the surrounding parts. The evils resulting from the abuse of the caustics and the actual cautery, converting the cervix into "a mass of cicatricial tissue," claimed notice; and the surgical treatment to which alone the bad cases would yield. Follicular disease often brought about a similar condition, requiring the same treatment. Either one, if overlooked, might lead to the gravest impairment of the general health and become the origin of phthisis.

Dr. Noeggerath.—Dr. Emmet appears to consider flexure of the uterus as an effect of inflammatory disease. He compares the anomalous condition of the uterus with a chordee. From this we are led to think that the inflammation, originally seated in the mucous lining of the cavity, spreads to the tissue proper, bringing about a deposit of lymph in some portion of either the anterior or the posterior wall of the uterus. This, in its further development, produces ante- or retroflexion; or we might assume, according to the doctor's views, that the congestion and softening of tissue, in connection with an inflammatory condition of the mucous membrane, brings about the altered position of the organ. This latter explanation is somewhat similar to that proposed by Rokitansky, who, in opposition to the views of Virchow, explained flexion as a result of disease and hypertrophy of the mucous crypts, which, as Dr. Emmet correctly states, are found to exist even above the inner os. Rokitansky believes that the gradual enlargement of these mucous glands, by their pressure on the fibres of the muscular tissue, causes the latter to become atrophied and to lose their pôwer to keep the womb in its erect position. The treatment employed by Dr. Emmet for the relief of symptoms seen in connection with ante- or retroflexion, is apparently a very efficient one, and goes very far to corroborate the views proposed on this matter. It even seems to me that the doctor has based his pathogenetic theories on the effects of his generally so very successful treatment. It would take up too much of the time devoted to a discussion of a paper read on the same evening, to enter into all the merits of the question before us. I will therefore only briefly state my conviction, gained by experience of fifteen years' observation, that flexion is never the direct effect of an inflammatory action, be it of the lining membrane or of the uterine tissue itself. It is my firm conviction, that the symptoms of irritation present in cases of dislocation are either the effect of flexion or mere coincidence, aggravating all the signs of disease usually found in cases of ante- or retroflexion. This explanation is apparently in opposition to the view expressed above, as to the efficiency of treatment directed against the sources of irritation. But, if I admit that Dr. Emmet relieves all the symptoms seen in cases of dislocation, that he cures his patients, I deny that he produces the slightest effect in altering the position of the uterus; and I have not the least doubt that out of a hundred women afflicted with anteflexion, not more than thirty per cent. are aware of the existence of uterine disease. An uncomplicated anteversion or anteflexion usually produces no symptoms whatever. Thus, I only differ with Dr. Emmet in regard to the pathological origin or clinical importance of dislocations. With regard to the method and value of his treatment, I have hardly a word to add.

As regards the necessity of rest in bed, for days after the application of caustic remedies to the womb, with the view of avoiding accidents, I think the doctor exaggerates its importance. Severe inflammation of the peritoneal lining of the uterus will occasionally follow the use of caustics, no matter how the patients are treated afterwards. I know that such cases do occur where the greatest possible care is taken to avoid them—they occur even in Dr. Emmet's institution; and it is my belief that the average amount of pelvic peritonitis, following the use of strong intra-uterine applications, is just as large where the patients are kept in bed and guarded against cold, as where they are allowed to be about, as soon as the immediate effects of the application, which last from one to six or eight hours, have passed over. It is of some importance to have this point decided. Suppose a physician in town applies a solution of some strong caustic to the canal of the body of the uterus, and the patient has an attack of peritonitis, from which she may either suffer for years or die in consequence, Dr. Emmet and his followers will accuse the doctor having charge of her case, of carelessness, if he has omitted to have the patient in bed for at least a week. Now my own experience has taught me that this great care is unnecessary. I always apply the chromic acid in my office and allow my patients to walk home. Last Saturday week I saw a woman from Seventy-first street, near Second avenue. I used a solution of the acid one part to two of water. She rode home immediately after the application, lay down for three hours on her bed, and then went about as usual. I saw her again last Saturday, and when I found that the effect of the acid had not yet subsided, I made no further application. I have done this repeatedly, and do not think that I meet with more accidents than gentlemen who take great pains to prevent them. You will meet, from time to time, with a uterus where the use of caustics or astringents to the upper cavity is followed by perimetritis. The two most severe cases of inflammation which I have seen follow the use of caustic solutions were observed in two women, both of whom were kept in bed during and after the application.

The sweeping condemnation of pessaries by Dr. Emmet, is not justified by the experience of others. Thus Prof. Martin, of Berlin, reports, in his work on versions and flexions of the uterus, ninety-seven cases in which he treated anteflexion by this means. In only three instances had he to remove it on account of excessive pain or hæmorrhage. In ninety-four cases the instrument was worn from one to nine months; forty cases were cured permanently; in fifty-four cases decided improvement, especially as regards dysmenorrhœa, was observed. Sixteen of these wore it from three to twenty-one months. But there are, in this city numerous physicians and gynæcologists, myself among the rest, who are in the habit of employing these instruments with marked benefit to their patients; and certainly pelvic cellulitis cannot be considered an ordinary effect of the introduction of a pessary.

As a general result of the first part of Dr. Emmet's paper, we may state that there exist cases of dysmennorrhœa and sterility, with or without flexion, the greater part of which can be cured by relieving the catarrhal swelling of the mucous membrane, and the consecutive congestion of the uterine tissue proper; while in some few the constriction or spasm at the inner os does not yield to any other treatment than surgical interference. We must certainly welcome an avowal of these principles, by which the operation of incising the neck is reduced to very restricted limits; it denotes a most unmistakable progress in American gynæcology. This change of view regarding the indications for surgical treatment is the more noticeable and important, since professed by a man who has usually been considered one of the principal advocates of the purely surgical treatment of uterine diseases.

That retroflexion in the second and third degree can be radically cured by the treatment just mentioned, I have no reason to doubt, since the doctor assures us so. The management described can, however, only be succesfully resorted to in a private hospital. We other practitioners cannot afford to see a case of retroflexion daily, nor can we demand of the patients to keep for a length of time in a certain position. The average class of patients who apply for the relief of retroflexion, have their daily duties to perform in the household. We are therefore compelled to treat their cases differently. In recent cases, that is to say, from three to six weeks after confinement, we succeed in replacing the womb forever, by the use of Sims' instrument, and even this need not be applied oftener than every third or fourth day. Where the disease has lasted for years, we employ Hodge's, or Scattergood's or Coulter's pessary; and in most instances without any preparatory treatment, since all the symptoms of irritation, tenderness, and so on, disappear without any further treatment.

The remarks of the doctor with regard to bilateral section and eversion of the cervix, can be verified and corroborated in a great many instances. A second operation is usually necessary to do away with the ill effects of the first one.

In treating of the several indications for the amputation of the neck, I am somewhat disappointed to find that its amputation for the cure of chronic metritis of the body, in the second stage of development, has not been mentioned by the doctor. The value of all the other indications has never been doubted; in all those nobody ever denied the justifiability of amputating the neck. I know that the operation has been performed in the institution under Dr. Sims as well as under Dr. Emmet. Its value is not yet fully decided, its efficacy doubted by a great many. Ever since Dr. Braun, of Vienna, demonstrated microscopically, in a paper published in 1864, in the *Wiener Med. Jahrbücher*, 1st vol., that the tissue of the hypertrophied body of the uterus underwent a fatty involution after amputation of the neck, I have performed this operation several times; and I may say, without being able to give at present any detailed account of the cases, that the operation in no instance did any harm; and further, that the great majority were considerably benefited, and three of the cases entirely cured, after all sorts of treatment had been applied previous to the operation without the slightest benefit.

As regards the method of operating, I consider the covering of the stump with vaginal flaps an unnecessary complication. Dr. Emmet believes that it is more apt to prevent recurrence of malignant disease than any other method of treating the stump. The same views have been cherished by surgeons in cases of amputation of the breast. When Dr. Martinet de la Greuse first made the proposition, in 1834, to cover the wound left after removal of the mamma by transplanting some of the skin from its neighborhood, the proposition was generally received with great favor. French, as well as German and English surgeons followed out his suggestion. But now-a-days the method is generally abandoned as useless. I think the same holds good with regard to the cervix. If all the diseased portion can be removed, it is immaterial whether we cover the stump by transplantation or not. After three or four weeks it is impossible for any one to judge, from the appearance of the stump, whether it was left to heal by granulation, or was covered. If not all the cancerous tissue can be excised, it is better to leave the wound open, in order to destroy, by heat or caustics, any unhealthy-looking granulations. Nor does covering the stump even prevent severe hæmorrhage; and I think Dr. Emmet plugs the vagina, and applies cotton with the subsulphate of iron after every amputation, to guard against this occurrence.

The only safe method of operating is amputation of the neck by a loop of platinum wire heated by electricity. The cut is always as smooth as that with a knife; and neither during nor after the operation does the slightest hæmorrhage occur. After having used the electric cautery now in four instances, I am so satisfied with its effects that I shall never exchange it for any other method. Whoever has seen what an amount of blood is occasionally lost after cutting off the neck with scissors, simply from the fact that the plug is expelled by vaginal labor-pains, will accept, without hesitation, a mode of operating which has all the advantages, and none of the drawbacks, of other methods.

In making these remarks, Mr. President, I have somewhat taken the part of an advocatus diaboli, but only for the purpose of showing the several points proposed in Dr. Emmet's very elaborate and highly interesting paper in a new light, in order to give occasion for further discussion. *Med. Record.*

Medical Gymnastics.

People of sedentary habits ought not to neglect during the so-called "inclement season," to enjoy the fresh air as much as possible, and if through necessity obliged to remain much in door, a great deal of exercise can be taken through gymnastic evolutions, and thus keep off the injurious consequences of a sedentary life, as hæmorrhoids, dyspepsia, sleeplessness, spleen, nervous irritability, dyspnœa and its omne genus. We can recommend from personal experience "Kehoe's Indian club exercise" as a good study to realize our expectations, and a few spare minutes several times a day could not be better spent, to invigorate the body and to rest the mind. An hour in the evening in any gymnasium will brace up our muscles, strengthen our digestion, brighten our ideas and in reality, make us better men. But skating! don't say, you are too old for skating: nobody is, who ever tried it, nobody tried it, who did not like it, nobody skated yet, who did not sleep better, eat better, work better, for, after all, exercise in the fresh air is the most natural food for mind and body. S. L.

LXII.—*Insanity in New-York Courts. Case of Commodore Meade. December 8th*, 1868. Before Judge Sutherland.

In the Matter of the Habeas Corpus for the Production of the Body of Richard W. Meade.—This case, which has been a subject of some public interest and comment during the past ten or twelve days, was brought to a close yesterday upon the proceedings on the return of Dr. Halstead to the order of Judge Sutherland nominating him as a fit and proper person to examine Commodore Meade at the Bloomingdale Asylum for the Insane and to report whether his condition was such that he might safely be brought before the Court. The order further directed that if Dr. Halstead found the Commodore in a proper condition and so certified to Dr. Brown, physician in charge of the asylum, the latter gentleman should produce the Commodore before the Court at three o'clock, P. M. yesterday.

Accordingly the parties interested, including many personal friends and some of Commodore Meade's relatives, assembled before Judge Sutherland, in the Circuit room, new Court House, the counsel for the relator and the respondent being also present. It will be remembered that the writ of habeas corpus in the first instance was granted by Judge Barnard and that on the return day Dr. Brown certified that Commodore Meade was not in a condition to be brought before the Court without danger to himself and others. Judge Sutherland not deeming that a full compliance with the writ when the case came before him at Chambers, nominated Dr. Halstead to report upon his condition, as above stated.

After waiting a short time yesterday afternoon, Mr. Waring, on behalf of Commodore Meade, proceeded to open the case, when Judge Sutherland asked if Dr. Halstead and the Commodore were in court.

Dr. Halstead was present, but Commodore Meade had not been brought in, and counsel stated that he would be present in a few moments.

Commodore Meade, accompanied by Dr. Brown and three or four friends, shortly made his appearance, and a number of persons who had been seated in the court room at once arose and pressed around him, greeting him warmly and shaking him by the hand. While this was going on Judge Sutherland quietly stepped from the bench and sauntered over to where the Commodore was receiving the congratulations of his friends, and watched his actions closely as he recognized his old acquaintances and chatted with them in a very familiar tone. The Commodore's deportment was that of any courteous gentleman of his years, renewing as it were an acquaintance with persons he had not seen for some time.

Judge Sutherland then resumed his seat and at the close of the hand-shaking asked if the Commodore would take a seat beside him on the bench.

The Commodore quickly responded. "I will with pleasure, Judge," and ascended the dais.

Judge Sutherland, rising, extended his hand and remarked, "I don't know but that you have forgotten me, Commodore."

The Commodore took the Judge's hand and, brightening up, replied. "You must pardon me, Judge; but I have been locked up. How do you do, Judge Sutherland?" Unbuttoning his coat and still standing erect, he looked good-temperedly at the Judge and said. "I am here, Judge, at your command, to be disposed of according to your judgment. I am here, and you can examine me. I am very much like Paul when he appeared before Agrippa. He was present to speak for himself." He then took a seat, and

Mr. Waring proceeded to make a statement that for the first time since the habeas corpus was issued Commodore Meade was before the court, and—

Judge Sutherland asked Mr. Waring what his motion was, and the latter gentleman replied that his motion was that Commodore Meade now be discharged from custody, or that if his honor thought there was probable cause to hold him he would commit him to the care of—

Judge Sutherland asked what papers Mr. Waring moved on or if he would state what they were.

Mr. Waring said, "Well, sir, I can state them from the HERALD."

Judge Sutherland—Well, never mind. I have read all the papers submitted to me very carefully.

Mr. Waring said he did not now intend to inquire whether the Commodore had been detained through improper motives, but he believed this was the first time there had been a full return to the writ.

Judge Sutherland here interrupted Mr. Waring by suggesting that he did not want any excitement for the public press gotten up in this case. What was the motion?

Mr. Waring said if his Honor was not satisfied from the papers now before him that the Commodore should be discharged, he would ask the Court to make a commitment *pendente lite* until his Honor should have more fully examined the case; but if his Honor chose to pursue the course adopted in England, of examining the party orally himself, he could, perhaps, dispense with any further testimony.

The Judge said that the object of directing Dr. Halstead to make his examination was to have the Commodore brought before him with a view to satisfying himself of the matter charged. The Commodore appeared to be in a condition fit to be brought before the Court.

The Commodore rose to his feet and patted his breast, saying, "I have never been sick at all since I have been locked up. Perfectly well (again patting his breast) all the time, Judge."

Judge Sutherland turned to the Commodore, who had resumed his seat, and said, "How old are you now, Commodore?"

The Commodore folded his hands, leaned on the desk and replied as though reflecting, "I see by an affidavit of Mrs. Meade's that I am sixty. I was born in '12, sir—in December—makes me fifty-six.

Judge Sutherland then engaged in conversation, which was mostly inaudible, with the Commodore, in which sundry expressions dropped by the latter were "I have not been permitted to see anybody;" "I recognize those old friends of mine there" (pointing to the other side of the court room), &c. At the close of the conversation, which lasted about fifteen minutes. Judge Sutherland called Dr. Halstead to the witness stand, or rather to the area immediately in front of the bench, where he stood and gave his testimony, the location of the witness, however, afterwards proving to be such that his testimony, given as it was in a conversational tone, was very difficult to hear.

George N. Titus, counsel opposing the discharge, asked if this was an examination.

The Judge said his object was to see the Commodore and talk with him.

Mr. Dewitt, counsel for the relator, said they would waive any cross-examination of witnesses.

Mr. Titus then recapitulated some of the original proceedings, and said he had had no opportunity to take testimony save that which had been already submitted to his Honor, and suggested that the Court either order a reference in the matter or the trial of the cause upon an issue framed by the production of witnesses. As to taking testimony here, it was beyond his Honor's power to do so. He deemed this proceeding summary.

Judge Sutherland said he should take the course that he believed proper. He understood what he was about. He understood his duty perfectly. He could understand that there might be a feigned issue framed, for trial before a jury, but he would himself examine Drs. Halstead and Brown, and a gentlemen named Senter, if he was here.

Commodore Meade—He is here. I saw him here just now.

Mr. Titus said he did not wish his Honor to understand that he (Mr. Titus) wished to interpose any obstacle to this proceeding.

Judge Sutherland said that in such proceedings as these a good deal must depend upon the facts brought before the Court, what the Court saw, and upon its judgment.

The Commodore here rose, cogitating upon Mr. Titus' language, and, clasping his hands, said in a subdued voice, "May it please your Honor—if this is a summary proceeding — I have been fifty-six days a prisoner—" Several of the Commodore's friends waved their hands to him to sit down, and he obeyed the friendly hints.

Dr. Halstead was then sworn to answer truthfully all questions put to him touching "the matter of the alleged unlawful imprisonment of Richard W. Meade," and in answer to interrogatories admitted the receipt of the order directing him to examine the Commodore at the asylum and his obedience thereto. He conversed with the Commodore at that interview and found his memory clear and distinct and his powers of observation quite acute. His deportment was rational, and there were no indications of lack of intelligence on general subjects. The Commodore had some time since been subjected to an attack of paralysis, and the only danger in bringing him before the Court was that the excitement, if any ensued, might reproduce some of those symptoms. His mind was clear and his memory as distinct as that of almost any man witness ever conversed with.

Q. by the Court—Is it your conclusion from your observation that he can be said now to be insane? A. No; should judge from his natural manner and from what he told me that the Commodore has been very much distressed in mind about certain circumstances which have occurred of late.

Q. You did not discover any expression of that which would authorize you to pronounce it as evidence of insanity? A. No; none whatever.

Dr. Brown, physician of Bloomingdale Asylum, under whose care the Commodore has been since his commitment in October last, was sworn and directed to state his views, if they differed from Dr. Halstead's opinions in any material respect. He testified that, upon the general questions propounded, he could perceive in the Commodore's mind no positive intellectual delusion; he had no hesitation, however, in saying that the Commodore's mind was disordered, but whether it was such a condition of mind as he would consider a morbid one it was not witness' province to say.

Q. As I understand you I infer that you would hesitate to say that that might not be called insanity? A. Well, it is a form of insanity.

Q. Have you discovered in your intercourse with him any mental delusion? A. Not unless it be in relation to the facts bearing upon his own case.

Q. Has he imagined things that—for instance, his imprisonment was caused by others than those who did cause it? A. I cannot say that he has.

Q. You have of course discovered, Doctor, that he is a man of excitable temperament naturally? A. Yes, sir. (The Commodore nodded assentingly.)

Q. You know also that he has been in the navy, and has been in the habit of dealing with persons in an imperious manner, with sailors and others—you have taken that into account? A. I have, sir.

Q. Is there anything besides this morbid or unnatural aversion, as you term it, towards members of his own family, who he believes have caused his imprisonment, that would lead you to consider him insane? A. No, sir.

Q. In conversation upon common subjects you have found him acute and rational? A. I have, sir. The witness here made some allusion to the disposition of the Commodore towards one of his daughters—Clara—who had married against his wishes, and the Commodore, who watched and listened to every particle of the evidence with almost painful interest, rose and sharply replied:—"Yes, married against my wishes —to that man.") The doctor proceeded to say that, in justice to himself, he would state that at the time the Commodore was committed to the asylum he was in a much more disturbed state of mind and laboring under greater excitement than now or even during the past two weeks.

Cross-examined by Mr. Titus—It is almost impossible to define insanity within the limits of an ordinary definition; almost every individual case has phases peculiar to itself; I regarded his aversion to certain members of his family and to their connections at the time of his admission as evidences of a form of insanity.

Q. State what he has said on the subject. A. In general terms he has said that there was undoubtedly a combination among his family to do outrage to his name in urging on this case, which was not according to his views of propriety and was offensive to his views.

Q. Anything else? A. Never any declarations, except that he expressed himself in terms of personal animosity towards his wife, and would use personal violence towards his son-in-law.

Q. What were those declarations? A. He told me he went to the Staten Island ferry, expecting there to meet his daughter with her husband, Mr. Landis, and would take her from him by force.

Q. Any threats in reference to other members of his family? A. No, sir.

Q. What of his physical condition and powers? A. He is a man who has suffered an attack of paralysis, and that has had the effect of somewhat impairing his movements and vigor.

Q. Have paralytic attacks any connection with the brain? A. They ordinarily proceed from certain conditions of the brain.

Q. Is there any particular mode in which these effects upon the brain are manifested? A. They produce greater irascibility of temper, which renders the subject liable to a recurrence of such attacks.

Q. Have you seen any evidence of these manifestations in the Commodore since his admission to the asylum? A. In connection with the subjects which I have referred to; in other respects I have not.

Q. From what you have observed of him, what is your opinion as to the state of his mind? A. I. considered him of insane mind when he was brought to the asylum; I think he is still of infirm mind in regard to his powers of reflection or judgment of the affairs of his own family; upon general affairs the condition of his mind is good; his condition is that of what I should almost term a monomania upon the subject of his family.

Q. Would you consider that the members of his family would be safe from attacks by him? A. I believe that there was at one time danger or hazard of life or safety to persons connected with his family, but at the present time it is my impression that there is not.

Q. How long have you been of this latter belief? A. About two weeks; there has been certainly a very great change of mind in the Commodore lately upon that subject.

The Commodore here rose very calmly and said he wished to put a few questions to the doctor with the greatest respect, and asked the gentleman, if when certain gentlemen, came on the 31st of October with Dr. Bache and Dr. Heck, surgeons of the United States Navy, and they all, including himself, discussed "this thing" in the doctor's room, and when it was said to him (the Commodore) that he was going to Washington, he did not tell them all what his feelings were? Did he not say then what his views regarding his treatment of Mr. Corliss and his son-in-law would be? Did he not positively aver at that time that he had no intention of touching his son-in-law? But as a father, with his child taken away from him by a man whom he had never seen, a man who was smuggled into his house, who came in as a lever or as wedge to divide his family, what could he avoid feeling? But did he not declare also that he had no intention of interfering with him? That man was brought into his house by his (the Commodore's) son, and he had disinherited him for it, but otherwise he told them he did not think of the subject.

The witness nodded assent to the interrogatories.

The Commodore, resuming (sarcastically and with emphasis) —"Kill my wife's brother! Let them kill a man that is not fit to kill!" He then resumed his seat.

Cross-examination continued—He spoke of his son Richard in terms of great displeasure, of severe denunciation of his conduct; I remember that I expostulated with the Commodore concerning it.

The Commodore again addressed the Court and made a statement, which was partially inaudible, to the effect that the cause which led to this was his son's conduct against his father in making the acquaintance of a certain individual, within a few days, a man who was brought clandestinely into his house. That he loved that son he well knew himself, but, oh, that he should take to such a man. He (the Commodore) would be lost to all manhood, sir, if he could see it and not take steps to punish it.

Q. by Mr. Titus—Doctor, I will put this question:—Is he insane now, from all you have heard in the asylum and what you have heard to-day?

Dr. Brown here addressed the court for some moments in "whispered words," and at the close of the communication answered. "If Mr. Titus will not press me for an answer I would prefer not to give it."

Judge Sutherland said he would state that Dr. Brown was somewhat embarrassed by that question. Probably he did not like to answer because of the extreme difficulty of legally defining insanity. There were certain peculiar characteristics in this case—the character of the Commodore, his life and circumstances, the circumstances under which he had manifested certain traits—which made the Doctor loath to answer as definitely as he otherwise would do.

Mr. Titus—Well, the object is of course to satisfy the mind of your Honor.

Cross-examination continued.—Q. Have you known many cases, Doctor, where a man was entirely sane upon all subjects but one, and upon that subject was insane? A. I have. They are not infrequent.

Judge Sutherland said there was always great difficulty in determining these questions of insanity. There was here a man of intellect and education, with most of his faculties ripe and strong as in persons of ordinary condition. It was but natural that a father should love his children, and the law of nature as well as the law of the land gave him custody of them while minors and makes him responsible for their education and protection. It was natural and proper that he should be heard upon the subject of their marriage, especially of his daughters. Here was a man, too, who had spent a portion of his life in commanding others in the most despotic manner on board a man-of-war, a member of one of the first families of the land, and a family imbued with the first principles of honor and family pride. If this affair had set him to kissing and hugging his daughter and son-in-law in an extreme manner, people would have said he was crazy, and if it produced passion and expressions of anger, would they not say the same thing. It was an outflowing of feeling in a natural channel, and might produce a condition which would induce the commission of a great crime. The rule had been adopted in the recent case of General Cole, at Albany, where the jury found that the prisoner was sane at the moment before and the moment after the commission of the homicide. It was the mode in which a man acted, considering the causes which produced those actions, which should be considered. It would be very singular if a man should laugh when he ought to scold, or betray violent temper when he ought to be glad. If a man's daughter made a runaway match and is taken out of his care by a man whom he does not know or like, and therefore gave rise to extreme fits of passion on his part, it could hardly be called insanity. Probably this passion in the Commodore was carried to an extreme and counsel wanted the doctor to say whether that was in his opinion insanity.

Mr. Titus then argued at some length on the question of the unquestionable competency of persons holding the office of this witness, to decide such matters, and to show that when such bursts of passion go to extremes the mind was brought to a severe strain and would break. That would be, as a result, considered insanity.

Dr. Brown said that when he first heard of the petition in this matter he said to the petitioner, Mr. Celestino, that in view of the Commodore's then unimproved condition he believed it would have been much better for the Commodore's ultimate condition and recovery if this proceeding had never been instituted. Its effect would naturally be to excite him.

Judge Sutherland said, if Commodore Meade did say what had been charged in the affidavits, and had actually taken his wife's life, he thought the Commodore would have been perfectly and morally responsible, and it would have been one of the greatest crimes he could commit. There was no such thing to be recognized by the law as uncontrollable temper. The real question was, did those bursts of passion proceed from insanity?

A long, desultory discussion here ensued between the Court, counsel and witness upon these questions, and counsel for the respondent intimated a desire to produce other testimony on the subject.

Judge Sutherland decided to exclude any further evidence and ultimately discharged the Commodore, who was warmly congratulated by his friends, and shortly afterwards left the court in their company.

Commodore Meade was discharged by Judge Sutherland on the ground that whether or not the degree of excitement and displeasure felt by him at the opposition of his wife and the disobedience of his children had at first wrought him up to a condition of mere frenzy or of actual lunacy, the boundary between which is very indefinite, in either case the Judge was satisfied, by the testimony of the physicians and by his own interview in court with Commodore Meade, that the mental condition of the latter has improved and is not now lunacy. Judge Sutherland held that it would not do to regard "uncontrolled or uncontrollable passion as lunacy." Some degree of passion, or even frenzy, was natural where the members of a family acted in contempt of the authority and wishes of the husband and father. Commodore Meade seems to be a victim of the new commandment, "Parents honor your children, "lest they send you to a lunatic asylum," and "Husbands obey your wives, lest they confiscate your property," which has superseded the former doctrine.

ARTICLE LXIV.—*Uræmia and Ammoniæmia.* From KAFKA'S Hom. Therapy, II., 771.

THE cadavers of uræmic persons offer no characteristic changes, to explain the grave symptoms during its course. Brain and spinal marrow show neither pathological destruction of tissue nor a constant anomaly in the quantity of blood. The lungs show sometimes pneumonic infiltration, the intestines may be found injected or covered with follicular ulcers, the kidneys are frequently hyperæmic or inflamed or degenerated. In the serous effusions, in the gastric mucous and in the secretions of the lungs alkaline reaction and Ammonia has been found. The blood is sometimes violet with increased coagulation and containing more fibrine. According to Frerich the blood contains more or less Carbonate of Ammonia, affecting disagreeably the organs of smell, and producing an effervescence by the addition of Muriatic-acid.

Uræmia is only observed during the course of other diseases. It arises as well during impediments in the secretion of urine, as e. g. in intensive hyperæmia of the kidneys, nephritis, in extended infiltration of the renal canals during Bright's disease, &c., in degeneration of the kidneys by calculi, atrophy, &c., in the senile shrinking of the substance of the kidneys, as also during impediments in the discharge of the urine in consequence of pressure on the ureters, or in consequence of impediments on the sphincter vesicæ or urethra, as in stone or in diseases of the bladder, in hypertrophy of the prostate, urethral strictures, &c.

Uræmia is also observed in the latter months of pregnancy, during or after parturition, during scarlatina, cholera, &c., or during effusion of urine in the tissues, as in operations, perforations or other wounds. According to the severity of the symptoms and the course the disease takes on, we divide uræmia into acute and chronic.

Acute uræmia is always preceded by diminution, disturbances, sometimes also sudden cessation of the urinary secretion, sometimes by urinary resorption in consequence of urinary effusion in the cellular tissue. The first symptoms of uræmic intoxication of the blood consist frequently in vomiting and diarrhœa, or in diarrhœa alone, sometimes in apathy and sleepiness, or in headache with vomiting, short-sightedness and quiet delirium; or convulsions and amaurosis appear suddenly, followed by most severe uræmia. Sometimes the disease sets in with an intense chill, followed by great fever with typhoid symptoms. If cerebral symptoms come on, they always show the character of adynamia, as stupefaction, loss of consciousness, intoxication, sleepiness or deep sopor; the deliria are mostly quiet or whining. Only in rare cases restlessness, irritability, loud deliria, desire to escape set in. To the cerebral symptoms are frequently added amblyopia, vertigo, dimness of vision, or real amaurosis, indolence of the pupils, loss of hearing with surring in the ears, gnashing of teeth, sometimes with trismus. Mouth and tongue are mostly dry, thirst moderate, perfect loss of appetite, voice rough or hoarse, respiration quickened, dyspnœic or stertorous. The expired air smells frequently after urea and contains ammonia. The abdomen suffers from meteorismus, loose stools, the skin either dry or covered with profuse sweat, smelling like urine or covered with an ureic dust, petechiæ and miliaria. The pulse is always accelerated and small, sometimes irregular or filiform. Towards the last carpology, twitchings of muscles and automatic picking with continual coma, tracheal rattling and paralysis of the sphincters.

Chronic uræmia is produced by continuing disturbances or stagnations in the secretion of urine or by continuing decomposition of the urine, remaining in the urinary organs. Weak anæmic look, constant loss of appetite with heavy coated tongue, aversion to animal food, dryness of the mouth, increased thirst with desire for sour or refreshing drinks, increasing debility, sleepiness, laziness in talking or thinking, apathy and loss of memory, constantly increasing dyspnœa, muscular weakness and emaciation, tardy stools or serious diarrhœa, dryness and sometimes severe itching of the skin, which is frequently covered with eczema, lichen, ecthyma, &c., asthmatic difficulties, serious catarrhs, œdema pulmonum, at last anasarca and general hydrops in consequence of the steadily increasing marasmus, are the characteristic symptoms of chronic uræmia.

Acute uræmia sometimes takes a very quick foudroyant course; during Bright's disease, scarlet fever, in the last days of pregnancy, before or after the puerperium sudden retention of urine may occur, or resorption of urine through infiltration of urine in the cellular tissue or stagnation of urine through ammoniacal stagnation, producing vomiting, ecclampsy and amaurosis, followed by deep sopor or constant convulsions or paralytic cerebral symptoms and ending in death in 24 to 48 hours.

Most cases do not run such a stormy course: the manifestations develop themselves by degrees, being sometimes better, sometimes worse, according as the disturbances in the se- and excretions of urine are better or worse. Severe cases are always characterized by increasing stupor or sopor or by an increase of typhoid symptoms. We see very rarely cases with irritability of the brain, simulating a meningitis. We have to fear the worst, when through retention or stagnation of urine in the cellular tissue decomposition of urine takes place and carbonate of Ammonia enters the circulation of the blood, which infection is called *Ammoniæmia.*

Considerable quantities of urea and carbonate of Ammonia are found not only in the blood, but also in the stomach, in the intestinal canal and in other secretory organs. The presence of the Ammon.-carb., in the stomach is easily perceived by the ammoniacal smell given off by the vomited masses.

If the uræmic blood is decomposed in the intestines, or if it enters already decomposed the circulation, watery diarrhœas arise, smelling after Ammonia, or a dysentery with diphtheritic or necrotic destruction of the mucosa of the cœcum, endangering life quickly. In the buccal cavity it produces eschars, spreading to the respiratory organs, by which the voice gets hoarse or is entirely lost as in cholera. The saliva, the milk in the mammæ, the perspiration contain Carbonate of Ammonia and smell accordingly. The expired air also gives off a urinous or ammoniacal smell. On the skin is frequently found a whitish ammoniacal dust, crystals of deposited urea or muriate of soda.

The irritating effect of Ammonia on the different organs frequently produces a momentary cerebral hyperæmia, changing soon into sopor; in the lungs it produces intense catarrhs and croupous inflammations, in the pleura, in the pericardium, in the peritoneum, in the ventricles of the brain suddenly appearing effusions are found; when the blood stagnates and is decomposed in the bladder inflammation and suppuration is set up, combining the ammoniæmia with pyæmia. In simultaneous dropsy from Bright's disease all the serous effusion under the skin, and all other transudations contain urea and carbonate of Ammonia.

The course of Ammoniæmia is either acute or chronic and has in its symptoms the greatest similarity to uræmia, with which it is also frequently confounded or identified. Uræmia can exist without simultaneous ammoniæmia, but ammoniæmia will never be seen without simultaneous uræmic symptoms.

Acute Ammoniæmia has also sometimes a very rapid course, especially in anæmic and marasmic patients. Vomiting, or vomiting and purging, or diarrhœa alone is set up, or a sudden dysentery, followed by steadily increasing sopor and death in 12, 24 or 48 hours. With a moderate course acute ammoniæmia may last several weeks, but the possible sudden attack of effusion in the serous cavities, the development of a croupous pneumonia or of acute œdema pulmonum, &c., render this disease always dangerous. Sometimes typical chills appear, simulating most strikingly an intermittent.

Chronic uræmia and chronic ammoniæmia may last months, and even years, getting better or worse, according as the causal moments increase or decrease. The worst cases appear during the course of ischuria and anuria. If the se- and excretion of urine can be again brought about, the danger is passed for the present moment.

Dryness of the mouth and of the fauces, as if every atom of moisture was taken up by blotting paper and giving the dried mucous membrane a shining appearance, hoarseness or aphony, clearly ammoniacal smell of the expired air, constant disgust for animal food, ashy-gray color of the skin, steadily increasing muscular debility and emaciation are, according to professor Jaksch, reliable symptoms of Ammoniæmia, and only rarely found in uræmia. Convulsions or amaurosis and dropsy Jaksch has never seen in Ammoniæmia, still such symptom may sometimes appear, as ammoniæmia is only found in connection with uræmia.

Even very acute and severe cases of uræmia or ammoniæmia may be cured, if we are able to remove the obstacles to the excretion of urine, but still they love relapses, with constant aggravations. Foudroyant cases are always fatal. Paralysis of the brain, croupous pneumonia or dysentery with necrotic destruction of the intestinal mucosa, serous effusions in the different cavities or a high degree of marasmus or general dropsy allow only the most unfavorable prognosis. The appearance of convulsions or of amaurosis prognosticates great danger. Vomiting and serous diarrhœa may be critical in ammoniæmia, discharging thus large quantities of Carbonate of Ammonia, but croupous pneumonia, œdema pulmonum, dysentery and deep coma are to be feared.

In all obstructions or stagnations of the se- and excretions of urine the cautious physician will look out for the sudden or gradual appearance of uræmic symptoms. In very acute cases art is nearly helpless, for if we do not succeed quickly to restore the excretion of urine and to remove with rapid doses of well-selected remedies the coma and paralytic state of the brain, we may consider our patient past all help.

Should such symptoms appear during parturition and in the period just before parturition, the suppression of urine as caused by the pressure of the gravid uterus on the urethers and bladder. In such cases, running a very rapid course, the accouchement forc is our only indication at the beginning, then we empty the bladder with the catheter and give internally every 5, 10 or 15 minutes a dose of *Hyoscyam.*, or *Opium*, or *Hydrocianic*-acid, *Lactuca-virosa* (3).

Should the patient be unable to swallow from simultaneous trismus, the medicine may be given by a subcutaneous injection. If no amelioration follows in an hour, the injection may be repeated with another remedy. Only thus it may be possible to save our patient.

During the course of scarlatina foudroyant uræmic manifestations are caused by croupous nephritis, producing a sudden obstruction of the urinary canals with plastic exudations. This inflammatory process of the kidneys must be speedily removed by *Hep.-sulph.*, 3, or *Kali-iod*, 1, a dose every 10 minutes, for only a copious diuresis with discharge of numerous fibrinous cylinders enables us to save life.

Uræmic symptoms during Bright's disease frequently show themselves by loss of sight, hyperæmia of the brain, headache, vomiting, quiet delirium and somnolence, and need *Bellad.* or *Atropin* for their removal; when coma or convulsions prevail without congestion *Arsen.* or *Lachesis* may be preferred, but in most cases of Bright's disease uræmic symptoms are the forerunner of death.

When in cholera-typhoid the imperfect or still suppressed secretion of urine is the cause of the unfavorable reaction, *Cantharis* 3—6 in solution is indicated, a dose every hour or two. This remedy is especially indicated, if the urine passes only in drops, very hot, containing also albumen or blood. Should the urine have an ammoniacal smell, without being hot, getting muddy or like whey when standing, if it is not tinged with blood nor possesses much albumen, *Lycopodium* 6 may be given ; clearly uræmic symptoms, as restlessness, loud deliria with desire to escape from the bed, dry tongue, lustreless eyes, injected conjunctiva, head hot and extremities cool, indicate *Stramonium* 3, a dose every $^1/_2$ to 1 hour, and we prefer *Hyosciamus* 3 in the same doses for quiet and murmuring deliria, the patient lies stupefied, somnolent with half-closed eyes, carphology, the tongue is dry and covered with a brown crust and the patient is troubled with frequent inclination to micturate, although he can only pass a few drops. *Camphora*, 3, should be given, when with scanty urination the strength is exhausted on account of the long spell of the asphyctic stage, the body is cool and covered with cold clammy sweat, the pulse small and filiform, and life nearly extinguished. Camphora must never be given in solution, as it evaporates too quickly, and the doses must be rapidly repeated.

In acute cases of a mild character and running a rather slow course we may therefore hope for a successful result, if we can remove all obstacles to a free se- and excretion of the urine and keeping steadily before our eyes the whole complex of symptoms, we may give :

For prevailing hyperæmia of the brain: *Bellad.*, *Atropin*, *Apis*, *Strammonium*, *Conium*, 3.

For prevailing sopor: *Bellad.*, *Lactuca-vir.*, *Agaricus*, *Anacardium* (3).

For prevailing symptoms of anæmia and paralysis: *Arsen.*, 3, *China*, 1, *Chinin-arsenic.*, *Phosph.*, 3., *Phosphoric-acid*, 1—2, *Camphor*, 3.

For severe strangury, with hot scanty urine, containing albumen and blood and flowing guttatim: *Cantharis*, 3.

Chronic uræmia appears frequently with vomiting and loss of appetite, coated tongue and disgust for particular food and is frequently mistaken for gastrosis. In atony of the bladder, in hypertrophy of the walls of the bladder or of the prostate, in urethral strictures, &c. &c. the excretion of urine is frequently not much disturbed, but the apparently gastric symptoms continue and increase in intensity in spite of the best selected remedies. In such case it is our duty, to examine the bladder carefully, *immediately after micturition*, for in nearly all such cases we find more or less urine remaining in the bladder, producing, as long as the urine is clear and not decomposed, uræmic symptoms, but ammoniæmia sets in, when the urine is murky, acrid and of a foul smell. In such cases we are obliged to pass the catheter at least twice a day, so that no stagnation of urine may be kept up, and remedies, homœopathic and mechanical, must be steadiy applied to remove the cause of the retention, may it be a mere torpor of the detrusor urinæ, a stricture, a hypertrophy or any thing else. So far anti-uræmic remedies are not necessary yet, for by removing the cause we remove also the disease.

But should the uræmic symptoms continue, as in Bright's disease, torpor of the bladder, calculus, &c. &c., we may choose from the following remedies:

For prevailing cerebral symptoms, as e. g. headache with vomiting, dryness of the mouth, still delirium or somnolency: *Bellad.*, *Atropin.*, *Hyosc.* (3).

For prevailing gastrosis with disgust for animal food: *Sulph.*, *Sepia*, *Natr-carb.*, 6, *Pulsat.* 3.

For muscular debility and progressive anæmia with great thirst, dryness in the mouth, a high grade of anasarca and commencing effusions in pleura, pericardium, &c.: *Arsen.*, 3, *Chin.-arsen.* 1—2, *Lachesis*, 6.

Dysenteric states need *Merc-cor.*, 2, *Hep-sulph.*, 3, *Sulph.*, 6.

Dysentery with sepsis: *Arsen.*, 3, *Carb.-veg.*, 6, *China*, 3, *Acid-mur.*, 1—2.

Serous diarrhœas pass off under *Phosph.*, *Arsen.* or *Argent-nitr.*, (3).

Intercurrent pneumonias are nearly always of a croupy character and need *Iodine* for their removal. We could never do anything with Phosphor in such cases.

Ammoniæmia must be treated according to the same principles, but we have never been successful. We propose Asafœtida, Kreosote and Petroleum, for study in such cases.

In acute uræmia the diet must be restricted, and in chronic uræmia and ammoniæmia we would willingly allow our patients animal food, but they cannot take it. Eggs, milk, vegetables, fish and easily-digested farinaceous dishes and beer may allowed. Even a glass of good old wine will not hurt a weak emaciated person. Sponging with diluted vinegar or alcohol and frequent lukewarm baths with bran in it will ease the unbearable pruritus.

So far Kafka, now let us see, what we really understand by urea? Kelly: (Medical Press and Circular, July, 1868), defines urea to be a substance, which results from an oxydation or species of slow combustion of the constituent elements in the tissues, and is constantly found in the blood, urine and other organic liquids of the economy, but more especially in the lymph and vitreous humor. It is excreted from the system exclusively by the kidneys and skin in a state of health, and where from any cause it is suffered to accumulate in the blood, it invariably gives rise to alarming nervous accidents, which, if neglected, usually terminate speedily in death. The atomic composition of urea is thus represented: $C_2 H_4 N_2, O_2$.

Harley, (Medical Times, April, 1864), considers urea a far more dangerous poison, than the substance, into which it is decomposed, namely, the carbonate of Ammonia, and finds *true uræmia depending on the arrested elimination of the poisonous material by the kidneys, true ammoniæmia on the reabsorption into the circulation of the decomposed secreted product.* The daily elimination of urea is due to the metamorphosis of the azotized components of the tissues (especially the muscular) and of the blood, and gives to the secretion its characteristic properties. The amount secreted in 24 hours in a child of 8 years is about 208 grains, in an adult female 295, in an adult male 433, and in the old man of 85 years 125 grains, the great proportion in children and the small in the aged depending respectively on the rapidity and on the slowness of the interstitial changes; it is usually also increased in febrile diseases, (where the waste is rapid and the supply small and a decrease in the daily elimination of urea;) in such diseases as typhus, in the exanthemata, as smallpox, or in inflammatory affections, such as pneumonia and meningitis, may be regarded as a most favorable sign for the prognosis, for no sooner does a change for the better take place in these affections, than an immediate diminution in the amount of urea is observed; whereas, in cases tending to a fatal termination, even in spite of the true febrile symptoms having passed away, the daily excretion of urea still remains high. If, on the other hand, in those diseases in which the excretion of urea is known to be abnormally small, such, for instance, as paralysis, cholera, or the different forms of albuminuria, an increase in its amount during the course of the case is noticed, it is an equally favorable sign for the prognosis, while on the contrary, any further reduction in the amount of the eliminated urea is an almost infallible index of approaching danger.

Parkes and Anderson, (Edinburg Med. Journ., 1866), have analyzed the urine in cases of typhus, and have shown, that the febrile condition is attended by increased metamorphosis of tissue and in consequence by an augmented formation of urea, not necessarily followed by an increase in the quantity eliminated, but that, in certain circumstances, a considerable amount of urea may be retained in the system, and an increase of urea will then be observed on the appearance of the first symptoms of improvement. It is very difficult to say, why, failing organic lesion of the kidneys, urea should be retained, or why it should be retained to a greater extent in some cases than in others. Perhaps the retention is due to a defective innervation, because in fevers there is always a degree of paralysis of the nervous system.

For the same reasons Dr. Ludlam, (N. A. J. of H. Nov., 1864), considers uræmia a concomitant of cholera infantum. In its primary stage we find already derangements of innervation, shown by increased sensibility and excitability. This early and decided implication of the cerebro-spinal system renders it particularly susceptible to morbid contingencies, one of which is the retention of urea in the blood. Its non-elimination is evidenced in the scanty flow of urine, as well as in the free diaphoresis, which is the outlet for the aqueous, but not for the post-organic elements of the urine; and as in cholera infantum functional derangements of the nervous system without lesion of organs are most frequent, so also very few structural changes of consequence and often none whatever are found, on microscopic examination—after death, from the mere action of uræmic poisoning in the cerebro-spinal system. These views find confirmation also in the results of some of the most appropriate remedies, which are common to the third stage of cholera infantum, to uræmia from suppression of urinary flow and to the hydrocephaloid affection. Aconite, Apis, Cantharis and Hellebore are prominent remedies for these cerebro-urinary complications. It is questionable, if either of them has ever been the means of curing a well-developed case of hydrocephalus, but they have been of service *in the spurious form* of that disorder, whether idiopathic or symptomatic, there can be no doubt.

Guernsey, (Obstetrics, 421), remarks, that cases of albuminuria in pregnancy belong to *strongly-marked psoric diathesis*, and that the pressure of the gravid uterus upon the emulgent veins, may be an important cause, but such results can occur from the local pressure only in persons constitutionally predisposed to this affection. The retention of urea in the blood, which usually forms a part of the albuminuria, is probably the direct cause of the convulsions and other nervous affections. The presence of albumen in the urine forms but a single one of the symptoms of a *general psoric* dyscrasia, which pervades the entire system, and whose radical cure may be accomplished by such remedies, as: Allium-cepa, Aurum-mur., Ononis-sp., Glonoine, Cobalt, Ammon.-carb., Natr.-mur., Cinnabar, Lachesis.

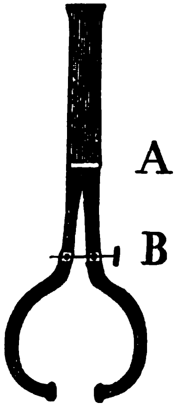
Aur.-mur., pains in the kidneys, urine pale and clear.

Ononis-sp., urine turbid, with ammoniacal smell.

Glonoine, albuminuria with congestion to the head.

Professor Bock, (Diagnostic, 135), divides uræmia as to their courses, and considers the prognosis more favorable when caused by mechanical obstructions in the urinary organs, for timely catheterizing may here save the life of the patient, but when caused by other diseases an unfavorable turn may be frequently expected. Uræmia may be confounded with typhus, pyæmia, puerperal fever, cerebral and meningeal affections, narcotic poisonings and convulsive states, especially when in consequence of a simultaneous affection in the urinary apparatus the urine contains albumen, blood or pus. We ought therefore always to examine not only the urine for ammonia and urea, but also the breath, the stool and the vomited matter for the same. The peculiar stertor, the want of paralysis of the voluntary muscles, of the swelling of the spleen and of roseola will help us to make out our diagnosis. S. L.

ARTICLE LXV.—*Solid Stethoscope of Wood.* By HENRY N. AVERY, M.D., of New-York.



A. Metal Band.
B. Band of Metal around each branch and a Screw across the top to expand or contract.

THE above cut represents a solid Stethoscope, that I have constructed for my use, which I find answers a far better purpose than any I have heretofore used.

The advantages to be claimed for this are:

Simplicity of construction.

Cheapness.

Readiness of transmitting sound.

It is a well-known fact, that sound is transmitted more audibly through some solid than through space. Therefore why should stethoscopes be made with tubes, rather than solid?

Figure *A.* represents a band of iron to prevent the wood from splitting below this point.

The wood was selected with care, and cut with reference to the grain. The band *A.* was secured, and the long end introduced into a steam chamber, when thoroughly steamed the wood was split down to the band and the two pieces bent in the manner shown above.

At *B.* a metal band was secured around each piece and a screw arranged through loops on the top of each, so as to accommodate the ear pieces to the ears.

The wood may be either hard or soft—the latter is preferred—and the shape and size according to individual taste.

It would be well to cut the wood with reference to the grain, so that, there would be continuous fibres from one end to the other.

ARTICLE LXVI.—*Calcarea Carbonica* (*Dunham's* 200*th*) *in Deranged Menstruation.* By J. ROBIE WOOD, M.D., New-York.

1. MISS R. Q., age 23.—Six years ago was suddenly awaked at midnight and told of her mother's death. The shock was so great that she became and continued delirious more or less for a year. Up to this alarm she had been comparatively well with the exception of some trouble of the tonsils, which were indurated from repeated applications of nitrate of silver.

Courses, heretofore regular, now became frequent, often every twelve days and copious. During the summer of 1867 they often returned even more frequently. Great prostration followed. Her physicians administered bitter tonics and iron with other drugs.

For two months she could not leave her bed at all. At last her physician gave her something that checked the discharge for several months. She felt better, but the lower part of her neck began to swell and resembled a large goitre soft to the touch.

Again the flow returned and continued twice a month, the swelling of the neck not diminishing.

Excessive drowsiness has troubled her for the past four years.

Calc.-carb., 200. (Dunham's) and awaited the result; nearly a month passed before the menstrual flow returned, after which another dose of same; since which time, now about a year, she has been perfectly regular. The tumor of the neck began to subside after first dose and has entirely disappeared. Although she is much stronger than before, her health is by no means perfect, but she seems well satisfied that her improvement is very considerable.

Since penning the above notes I called to see her and found that she had taken a severe cold, with dry cough and increased flow. Phos., 6 and 200 speedily relieved her. After which gave another dose of Calc.-carb., 200.

2. *Calc.-c.*, 200 (*Dunham's.*) —Miss B., very fleshy, black hair and eyes. Sits and sews much at home— for the past twelve years has suffered from premature menses, always a week before time, often bi-monthly with dysmenorrhœa. Calc.-c., 200, Dunham's, one dose; ever since they have appeared at regular time but the dysmenorrhœa is not at all relieved.

3. Eliza ——, menses have appeared every three weeks for a number of years. Some time since she was prostrated by a severe hæmatemesis, which was relieved after a considerable loss of blood. China seemed to be slighly beneficial. Of late she complains of severe pains in the stomach and right side. Calc.-c., 200, (Dunham's),.one dose. Hepar was unfortunately given during same month, so the almost perfect regularity of menstruation which now followed could not with certainty be accredited to either. The severe pains in the stomach and right side were not in the least relieved until Iris-versicolor 1°, was administered alternately with Cimicifuga 6°, the Iris having the most marked and beautiful effect.

4. Mrs. ——, in girlhood inclined to grow very fat. Since marriage has become much thinner and has suffered with dysmenorrhœa at every period. Hæmorrhoids, constipation, (Collinsonia, &c., small or large doses no effect.) Leucorrhœa white, burning on passing water, condition of cervix not ascertained. Of late complains of too frequent menstruation. Calc.-c., 200, (Dunham's.) Succeeding period at full time and perfectly painless, but unfortunately here again had been used another drug during the time; it was a weak solution of Iodine as an injection every day.

Calc.-c., 200, (*Dunham's*)—Mrs. W., age 52, black hair and eyes, dark complexion.

For nearly six years has been troubled with a continued roaring in her ears, sounding like a foundry, at times increasing to a maddening degree. She had been unable to obtain relief.

Calc..c., 21, prepared by Dr. Warren Freeman, one dose; effect prompt, and there was no return for twelve months. Being at a great distance, she wrote me when it returned, but I failed to send her the medicine, so she applied to a physician of the other school; he could not determine the character of the trouble but thought it "nervous" and gave her relief for one day, when it again returned in its old severity, and he could not again give her the slightest ease. She came to New-York, immediately I administered one dose Calc.-c., 200, (Dunham's), again for many months she has had entire relief until within a few days she has written that there is a little threatening of the trouble.

ARTICLE LXVII.—*Review of Dr. P. P. Wells' Paper entitled "The Essential Nature of the Drug Curative."* Read before the King's Co., Hom. Med. Society, April 6th, 1869. By WM. WRIGHT, M.D.

IN the VI. Vol. of the Transactions of the N.-Y. State Hom. Med. Society, Art. LIX., p. 333, I find a somewhat remarkable but no less instructive paper from the pen of our learned and highly esteemed friend and fellow-citizen, Dr. P. P. Wells; entitled, "The Essential Nature of the Drug Curative." In that paper the Doctor, among other things, lays down these two distinct propositions. 1st, That "the curative power of a drug is not material," *i. e.* is not matter; and 2d, That "that power,"—which he denominates *force*, "is capable of being so separated from its original material drug association, as to be left free to follow the laws of its own independent existence; and that, when so separated, it is no longer to be judged of, as to its own habitudes, in the light of what is supposed to be known of the material body with which it has previously associated." Thus leaving it "free to attach itself to any and every neutral body with which it may be brought into close contact, imparting to such neutral body all its peculiar curative force, without, at the same time, either lessening or impairing its own."

1st. Not sufficient Drug Matter in high Attenuations to cure formidable Diseases.

These views are attempted to be sustained, 1st, by the assumption that "we cannot conceive the idea that attenuations of a drug carried up to the 40,000th, in its centessimal ratio, can retain a sufficient quantity of the *matter* of the drug to effect a cure in so formidable a disease as Asiatic cholera;" which the Doctor strenuously maintains, has been done to his certain knowledge.

2d. Free Transmissibility of Curative Power or Force by contact, without admixture of Substance.

2d. By a claim of the free transmissibility of the curative power or force of drugs, from medicated to unmedicated or neutral substances, by simple contact; and that without the least admixture of substance, as is declared to have been demonstrated by the late Dr. Channing of N.-Y.,in his experience with Aconite.*

3d. SUDDENNESS *of Cure, inconsistent with the idea of materiality in the process of Cure.*

And 3d, by a SUDDENNESS of cure, which, it is claimed, utterly excludes all idea of materiality in the means used, as illustrated in a remarkable case coming under his own immediate observation; which case, the Doctor reports in full. These seem to constitute the main points of argument, and the proofs upon which the Doctor relies to sustain him in his position on the dynamization of drugs.

If I were to attempt, at this time, a reply to the Doctor's arguments in support of his theory, I should be strongly inclined, and, I think more than justified in resorting to a system of logic, the counterpart of which my friend will readily recognize as an old friend of his on re-reading a certain paper headed Dr. Wright's Resolutions, "published in the U. S. Med. and Surg. Journal, Vol. IV. No. XIV. p. 194, by Dr. P. P. Wells,

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* If this doctrine of indefinite transmission be true, then "*old vials*" ought to be more valued and sought after than "old wine casks"—inasmuch as the wine casks must necessarily fail in time, by [age;—whereas the vials must continue to enhance in value to the end of all things!

M.D."* It would be after this fashion. High attenuations of "drugs do cure disease sometimes;" and they have been known to do it "quicker than lightning." This cannot be successfully denied. But they do not cure by virtue of the power of any *drug-matter* which such attenuations may be supposed to retain; not only because of this very *suddenness*, but, because we cannot conceive of matter being continually expanded up to these higher attenuations, and yet retain a sufficient quantity of the *matter* of the drug to cure. Therefore there must be some other force or power by which they do it.

This, I admit, has quite the air of a logical syllogism but it lacks the *force* of one, only because that which stands for its minor premise and conclusion are simple assertions and not proved facts. They are only assertions, which stand on no shadow of demonstrated foundation—and the whole then, I may say, in the chaste language of my friend, "is but a pitiful example of that weakest of all resorts in argument, called '*begging the question.*'"

But, it is not my purpose, in this paper, to attempt an answer of the Doctor's argument in support of his favorite theory, now for the hundredth time repeated; nor to question the truthfulness of the cases related in proof of this theory.

Whether "the essential nature of the drug curative" is a material or an immaterial something; an entity or an non-entity; is a question which I have neither the time nor the disposition just now, to enter upon. But I deem it, however, not altogether out of place just here to suggest, that there is danger in too readily accepting *remarkable and exceptionable cases of cure*, as illustrating or establishing a principle; for, unless we do examine such exceptionable cases with the greatest circumspection and care, we shall always be in danger and most certainly sometimes *will* fall into very grave, if not absurd or ludicrous errors.

That Dr. Wells has done so, in at least one of the cases which he has here cited in proof of his peculiar views, I have little or no doubt; and it shall be my aim, as it is my purpose at this time to endeavor to expose it.

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* See p. 199.

The case which I refer to, is recorded on p. 344–5 and is that of the remarkable case of an old negress, which is offered by the Doctor as conclusive, from its *suddenness* in support of the argument for the "dynamic nature of the curative principle of drugs."

This poor ignorant black, who "had never heard the word Homœopathy, and so the wonderful effects of imagination cannot be supposed to have had anything to do with the cure," at least, so says the Doctor,—now 40 years of age, "when a child, fell from a tree and struck her side on the top of a board fence, breaking several of her ribs." What particular treatment, if any, she received a tthat time, the Doctor does not inform us. But if it should appear from the narrative, that she never had fully recovered from her injury, but had, from time to time thereafter, "occasional attacks of pain at the point of fracture, increasing in frequency and severity as she grew older," till at the time she came under the Doctor's care, these pains and this soreness "had become fixed and permanent," and "yielded to none of the many expedients resorted, to, in accordance with the maxims and practice of that system in which the Doctor had been educated;" although that system, we are bound to presume, was as vigorously plied as a young and ambitious aspirant after Æsculapian honors could well ply them.

But the Doctor informs us, not only, that "it all did no good," but that his patient "actually grew worse under the treatment;" so that the side, in the region of the fracture, was now so sensitive and painful that the patient positively refused to allow it even to be touched!" The case then, thus presented, you will perceive, was certainly a most forlorn, if not hopeless one!—An injury, so violent at first, as to "fracture several of the ribs,"—and of course one which must have confined the patient to the house, if not to her bed for weeks; —greatly aggravated, as time wore on, by "alternate attacks of pain and great distress over the region of the original injury," and that for over 30 years long; and culminating at last in a "*permanent fixture* that knew of no abatement;" certainly presented a case of MORE than ordinary character; and, the more especially so when we recall to mind the *bloodletting* and *leechings;* the *rubefacients* and *blisterings;* the *opiates* and *physics* that must have been administered in that long and dreary period of almost a third of a century!

But what was the remedy which at last wrought the mighty cure? And how was it effected! For desperate and long standing; painful and tender as was now the disease, *she* WAS *cured;* and what is more remarkable than all, *she was cured "quicker than lightning!"*

Let us return to the record—"In this state,"—the state above described,—"the patient was handed a powder of fine sugar, in which were concealed six globules of Arnica of the sixth potency." She was directed to take the powder "dry on the tongue." "This she did at 11 o'clock, A. M., in the absence of her medical attendant. When seen the next day at 9 o'clock, A. M., she appeared in *great terror!* She seemed as much frightened as any person I ever saw! She would not let me come near her," but cried out, "You meant to kill me! You gave me mercury, I know mercury, I lived with Dr. Hazard!"

After quieting his patient a little, by assuring her that he had not given her Mercury, and therefore had not poisoned her, she informed the Doctor that "she no sooner put the medicine upon her tongue than it went right from there to there," that is from the tongue to her diseased side, "*like lightning;* and the pain and soreness all went right out of it." And the Doctor adds, "*this was true, and they never returned!*" But he says more. "*Of the suddenness and completeness of the action of this dose, there was no possible chance for doubt.* That it was literally as quick as lightning she stoutly maintained," and so the Doctor reports, and so he evidently believes!

Taken all in all, therefore, I think that I am justified in regarding this as a MOST EXTRAORDINARY AND REMARKABLE CASE; so much so indeed that I doubt whether the whole record of medicine can furnish its equal.

And whatever you may think of the case, Gentlemen, certain am I that *I* can call to mind no case, in my whole reading, of equal importance, unless it be that recorded in the 43d verse of the VIII. c. of the Gospel of St. Luke! But this case is not referred to as a *parallel* one, for though it resembles it in some of its aspects,—*taken as a whole it is not equal to it!* 'Tis true that this woman, who had an "issue of blood," had been sick many years; and "had spent all her living upon the physicians, and neither could she be healed of any of them." But she had suffered *only* 12 *years;* and there is no evidence from the record, that she had been made any worse by her treatment;—only that "she could not be healed of any of them." Whereas our Doctor's case had suffered not only 12 *years*, but nearly *three times* 12 *years*, and "could not only *not* be healed of any of them," but actually "grew worse under their treatment!"

The instantaneous, "quicker than lightning" cure of this case then of so much longer standing than the other; and evidently from its history, of *so much more serious a nature*, (the one being only a *functional*, while this must have been a *structural* disease), would seem to imply a much greater exercise of power or skill in the physician of the one, than in the curer of the other; whether we are to regard the cures, in either case, as the result of the exercise of the mere force of will; or, as is claimed in the case of the negress, by the *force* of a properly-selected infinitesimal dose of medicine!

In the one of these two cases, there was evidently an exercise of *faith* on the part of the patient, and of supernatural power on the part of the "good Physician;" for the woman "put forth her hand and touched the border of his garment," believing that she should be healed thereby; and WAS immediately healed;" for "virtue went out of him and healed her." And he afterwards said to her, "thy *faith* hath made thee whole."

But in our good Doctor's case, we are informed, that neither the patient nor the Doctor were called upon to exercise *faith*, either in the taking or in the administering of the medicine! The patient was simply told to take the little white powder, containing those six little magical pellets,—small in size, but big with the destinies of that one darkey, at least, and she did so; and—*presto*—"quicker than lightning," she was a well woman!

I have been thus particular in the presentation of this case, that we might the better judge of its merits, and thereby be able to draw those practical lessons, and instructive inferences from its recital, which the real facts in the case so clearly point out.

Of the truthfulness of this history, I have neither the right nor the disposition to question. Dr. Wells is not only a truthful man, but a close observer of men and things; and I have no doubt, that, when the Doctor penned this history, he verily believed that he was presenting a case which was little short of *a perfect demonstration* of the truth of his "dynamic theory of the drug curative;" and *one* too, "of the *suddenness* and completeness of the action of his dose in curing, there was and could be "no possible chance for doubt"! Indeed, this is the Doctor's own language in reference to it. He gives it as "a *representative of a class of cures*, which bears important testimony as to the nature of that power which relieves pain and cures diseases!"

But let us see. A "*white powder* was handed to the patient." Its COLOR is a matter of some importance, as we shall see before we have done with the case. It was taken "*dry on the tongue*," at 11, A. M., on one day, and she was visited by the Doctor at 9, A. M., the next day. When visited, she was found "*in great terror*." Mark the words, "*in great terror!*" "She seemed as much frightened as any person I ever saw. She would not let me come near her." And why! Was it that she had been suddenly cured? That the aches and pains of over 30 years' standing had unceremoniously left her, and that she did'nt know where or how they had departed. Was this the trouble? O no! that could not be; for she had been seeking to lay down her heavy burden for many a long and weary year; and had probably spent "all her living" to accomplish it, but in vain. Would she now, think you, be thus agitated because the prayer of her soul had been granted? O no! The thought is too preposterous to be entertained for a moment. What then was the matter? Her exclamation of mingled horror and fear, while crouched down in that farthermost corner of the room to protect herself from still further aggressions from her imagined murderer *was what was the matter.* And her address to the Doctor, "you meant to kill me; you gave me mercury; I know mercury; I lived with Dr. Hazard," tells its own story. I think there cannot be a doubt of it. The expression that "the effect of the medicine went right from there to there," from her tongue to her diseased side, "quicker than lightning" is not inconsistent with this idea. But the expression itself must be taken with many grains of allowance, for surely she did not mean literally that it went with the *force*, only with the *speed* of that subtle element; for had it done so, there is no telling what might have been the result. Probably the Doctor would have lost a patient, and the world the instructive lesson of this remarkable record.

But what was it, let me ask again, that produced this great "terror;" this mighty convulsion in her system? An excitement, both mental and physical, so great, that, for the time being absorbed all other feelings; all other thoughts; all other conceptions! Why! it is all summed up in these words, Doctor "you meant to kill me; you gave me mercury; I know mercury; I lived with Dr. Hazard." And yet, says the record there was "*no imagination*" *here!*

In living with Dr. Hazard she had, in all probability seen and learned just enough of Mercury to have acquired a holy terror of its powers. And, like most ignorant people, she had undoubtedly drank in, most liberally of that, not altogether unfounded idea, that "*Mercury is a most deadly poison.*" Its *taste*, she of course knew nothing about. Its *color*, she probably did; and on putting the powder "upon her tongue," she undoubtedly imbibed a sensation, or thought she did,—to her strange and *new;* and when she came to associate this with the *color* of the powder she had just put into her mouth; what more natural to a poor illiterate negress like her, than by a process of association and reasoning peculiar to ignorance and prejudice, to come to the conclusion that she had taken mercury! The idea once conceived, the rest speedily followed. "As a man thinketh so is he." And this not only of the poor and illiterate, but often, as we have just seen, with the learned and the refined. I well recollect a case that came under my immediate personal observation where a highly educated and refined lady, the honored wife of a respectable physician of this state; who was thrown even into a more violent stage of nervous excitement than this old negress, (and one too from which she did not fully recover for many days,) simply from imagining that she had swallowed a quantity of Corrosive Sublimate; when it proved in the end, that she had not taken a particle.

I am forced to the conclusion, therefore that this case of Dr. Wells' is *no proof whatever of his theory of "the essential nature of the drug curative."* But on the contrary, is easily and most naturally resolvable into that large class of incomprehensible cures, so often met with in life, which evidently are the result of sudden mental emotion, of either hope, joy or fear; and that the "six pellets of Arnica" taken, had just about as much and no more to do with this cure, than they had with the saving of Noah and his family in the Ark from the flood.

General Record of Medical Science.

Precocity of Intellect.

THE world grows wiser as it grows older, and has ceased to rejoice and wonder over the marvels of genius sometimes seen in precocious children. The great expectations entertained by their friends are generally sadly disappointed as the young prodigies advance in life, and it is seen that their apparent high advantages are only the result of an unsound organization which only preludes an early death or a lapse into the feeblest of commonplace capacity and results. The time in life at which different men "come to themselves" and display their best powers is widely different in different cases. The tumultuous heat of youth has certainly performed some noble things in music, painting and poetry. Chatterton wrote all his beautiful things, exhausted all hopes cf life, and saw nothing better than death at the early age of eighteen. Burns and Byron died each in his thirty-seventh year, and their highest powers were perhaps already exhausted. Raphael, after filling the world with divine beauty perished also at thirty-seven; Mozart earlier. These might have produced greater works.

On the other hand, Handel was forty-eight before he "gave the world assurance of a man." Dryden came up to London from the provinces dressed in Norwich drugget, somewhere about the age of 30, and did not even know that he could write a line of poetry. Yet what towering vigor and swinging ease at once shone forth in the man immediately known as "glorious John!" Milton had indeed written his "Comus" at 26; but he was "blind and fallen on evil days and evil tongues," and upwards of 50 when he began to write the greater work "Paradise Lost." Cowper knew not his own strength till he was far beyond 30, and his "Task" was not written till his 50th year. Sir Walter Scott was also above 30 before he published his "Minstrelsy of the Scottish Border," and all his greatness as the wizard of the North was yet to come.

Contending with Difficulties.

Sir Benjamin Brodie once spoke to a class of medical students as follows:

"You will see some persons who seem to enjoy such advantages of birth and fortune, that they can have no difficulties to contend with; and some of you be may tempted to exclaim, "How much is their lot to be preferred to mine!" A moderate experience of the world will teach you not to be deceived by these false appearances. They have not *your* difficulties, but *they have their own:* and those in whose path no real difficulties are placed will make difficulties for themselves; or if they fail to do so, the dullness and monotony of their lives will be more intolerable than any of those difficulties which they may make or which you will find ready made for you. Real difficulties are much to be preferred to those which are artificial or imaginary; for of the former, the greater part may be overcome by talent and enterprise, while it is quite otherwise with the latter. Then there is no greater happiness in life than that of surmounting difficulties; and nothing will conduce more than this to improve your intellectual faculties, or to make you satisfied with the situation which you have attained in life. Whatever it may be."

The Gordius, or Horsehair Snake.

Of this curious creature, Professor Agassiz says: "Soon after being hatched in the water, and while mere transparent bodies, they creep into the legs of grasshoppers, and burrow their way into the abdominal cavity, where they undergo further development as worms, sometimes growing to be two or three inches in length before they are freed. When they have grown so long that the grasshopper becomes distended by the size of its strange inhabitant, it bursts, the worm is released, and returns to its aquatic life." A gentleman living at Yonkers, N.-Y., writes that his little girl recently pulled a Gordius six inches long, and another somewhat shorter, from the body of a cricket. The worms seemed to be protruding like horns from the insect's body. When they were drawn out the cricket hopped away, "just as good as new."

The Office of Editor.

Whenever the history of journalism shall be truly written, one of its most interesting chapters will be that which traces the infancy and growth of that potent creation of our century, the Leader—that is, of the most important and conspicuous editorial or editorials, printed in the largest type, and occupying the most prominent position, I say occupying, though the axiom that "Where MacGregor sits is the head of the table," applies here as well as elsewhere. Since the electric telegraph obtained its full development, the more prominent and interesting dispatches, or the editorial summary thereof, will probably attract the first glance of a majority of readers; but the leader soon commands and fixes the attention of all.

The editor is he whose fiat decides what shall and what shall not appear, and in what garb, with what sanction, complete or qualified, that which does appear shall be presented; he, in many cases, writes but sparingly—in some, it is said, not at all. Probably, no person likely to be entrusted with the conduct of an influential journal ever supposed himself qualified, even if he had time, to discuss *all* the topics which require elucidation in its columns; hence, the engagement of able, intelligent writers to treat of the various themes which, from time to time, invite discussion, aside from those who, in the various departments—Literary, Commercial, Legal, Dramatic, Musical, &c., &c.—hold a more responsible and semi-independent position. The writer of a leading article is often a statesman of wide experience, or a scholar of ripe culture, who volunteers, or on solicitation, consents, to elucidate a subject of which he is master; sometimes accepting, at others declining, compensation therefor. More commonly, however, leading editorials are written by those who have given their youth to study and their earlier prime to service in the humbler walks of the profession, in which they have developed and perfected the capacities which they now exemplify. They are scarcely a tithe of the number who aspired to the position they have achieved—the vast majority having failed in the attempt. Liberally compensated and accorded a just and wide consideration, they are raised above servility or unworthy complaisance by the consciousness that their widely-recognized talents insure them employment elsewhere, if that now accorded them should ever be withdrawn. The Republic of Letters has few citizens more eligibly placed or more honorably regarded than they.

Some members of this class are men of all work—ready at the word of command, to review he most ponderous tome that embodies the latest and least intelligible speculations in German theology or Scotch metaphysics—to report a masquerade ball, or to chronicle the latest Paris fashion; but the better, if not more numerous class do that work only (or mainly) for which they are specially qualified, and to which they are attracted by their studies, or their tastes—often by both.

Foreign Scientific Notes.

An interesting paper was read at a late sitting of the Academy of Medicine, of Paris, by Dr. Oulmont, on *Veratrum-viride* as a therapeutic agent. It is known to exercise a powerful effect in fever, and this circumstance has induced the author of the paper to administer it extensively in acute pneumonia, rheumatism, pleurisy and typhus fever. He uses the extract reduced to grams, each containing a centigramme of extract: the patient takes one grain every hour, until vomiting is produced, which usually begins after the third, but sometimes only after the seventh or eighth dose. Care should be taken not to administer the latter either at too small or too large intervals of time. One hour seems to be the proper measure. After vomiting the pulse falls to forty or fifty; the temperature of the body also declines, but at a slower rate. A few hours later the pulse returns to its former power; but on the following day, after three or four doses have been administered as before, it falls again: on the third day, which is expected to be the last, the fever generally ceases definitively.

The same effect is produced in acute pneumonia, which on an average is cured in five days and a half. In acute rheumatism the action of veratrum is much less satisfactory, the fever abates, but the rheumatism continues. In most cases also the fever returns and the affection continues its regular course. In pleurisy the defervescence is but transitory, and the drug does not appear to exercise any action on the extravasation. Nor is Veratrum always innocuous. Sometimes a heavy or improper dose of Veratrum has caused collapse, at others the patient is afflicted with a disagreeable hiccup. Dr. Oulmont, however, shows that, generally speaking, pneumonia treated by this medicine is cured much sooner than by other remedies, and that mortality by that disorder is likewise greatly reduced.

Darwin's Theory of the Origin of Species.

The limitations of Mr. Darwin's theory of the "Origin of Species," are strikingly set forth in a paper in the Westminister Review, which does justice to the boldness and conscientiousness of that great philosophical naturalist.

The mind certainly recoils from the attempt to realize numbers so great, and minuteness so excessive as are implied in this hypothesis of the gemmular constitution of the organism; but as matter must be assumed to be infinitely divisible, and as we know that practically in the case of odoriferous bodies and infectious diseases, the particles given off must be inconceivably minute, whilst in the latter they possess a power of self-reproduction within the body almost precisely analogous to that claimed by Mr. Darwin for his gemmules, we must agree with him in thinking that the difficulty of conceiving the existence of gemmules so numerous and so small has really little weight as an argument against his hypothesis.

It is evident that, unless we accept the notion of supernatural interference in every case, some such hypothesis as this must be adopted to account for the transmission of constitutional peculiarities from parents to their offspring, across a bridge narrower even than that which according to Mahometan tradition conducts the Faithful into Paradise. Of the defects and shortcomings of this "provisional hypothesis" no one probably, is more conscious than its gifted author himself—his whole theory, fruitful as it has been in results and brilliant as is the light it throws upon many of the most secret operations of Nature, brings us at last face to face with questions which the human intellect will, perhaps, never be able to answer; and we can fully sympathize with Mr. Darwin in the mournful feeling, leading almost to a wail of depair, with which he finally, as it were, lets fall the partially raised veil as the inscrutable Fate-phantom advances upon him from its ambush behind the revealed portion of the majestic Temple of Nature.

Reviews and Bibliographical Notices.

1. *A Manual of Therapeutics.* By RICHARD HUGHES, L. R. C. P. Ed. (Exam.), M. R. C. S. Engl. *Similia Similibus Curantur.* New-York: William Radde, 550 Pearl-Street; Boston: Otis Clapp, 3 Beacon-St.; London: Henry Turner & Co., 77 Fleet St., E. C. & 74 New Bond-St. 1869. large 12mo. pp. 540.

THE *first volume* of the work of Dr. Hughes was published more than a year ago with the title of "A MANUAL OF PHARMARCODYNAMICS." The estimate we then formed of its value may be seen at page 311–314, Nov., 1867, of this Journal. The correctness of that opinion has since been amply sustained by the extensive use which has been already made of that volume and the universal expression of the Homœopathic Medical Press in its favor. A second volume on *Therapeutics* was promised which should "take up the subject from the side of diseases" as the first volume did "from the side of drugs." "Between the two," the author "hopes to furnish students and beginners in Homœopathy a full digest of the knowledge peculiar to our school of medicine."

The promise is a good one and the present volume appears to speak for the manner of its fulfilment. It corresponds in size and appearance to its predecessor; and the author thus announces the object for which he has labored: "I have attempted to put in a compact and accessible form those applications of remedies to disease which general consent has stamped as *classical.* These are the alphabet and grammar of Homœopathic practice: the *student* must learn them, and cannot acquire the knowledge of them by chance or instinct. The *practitioner* on the other hand is ever endeavoring to overflow and pass over these well-beaten boundaries. He is seeking for remedies for diseases hitherto neglected, for more accurate adaptations of the medicines he has already learned to apply, for new weapons from the great armory of Nature wherewith to make his strokes more effectual." He only hopes for the present volume "the kindly reception accorded to its predecessor."

He writes for men who know most diseases on an ordinary examination of a given case: but who wish to know what the New Medicine can do, as compared with the powers of the old system. "And next you will require to know what are the specific remedies with which success has hitherto been obtained; and how far they would need supplementing by auxiliary means.

Our estimate of the proper use and value of this book must be made up after a careful reading. We begin by asking the author a few questions which we expect to find him fully competent to answer.

1. What is Homœopathy?

His answer is sufficiently clear and corresponding with the view given in most of our books. The "similarity" which we must seek for between the disease to be cured and the drug that will cure it is supposed by him to be well elucidated by such authors as Dr. Dudgeon, Dr. Madden, Dr. Drysdale, Dr. Elb, Dr. Sharp, Dr. Carroll Dunham, &c. The author says further:

"Now how is to be ascertained that this essential similarity between the disease and drug exists? Hahnemann answers by finding that the "totality of symptoms" in each coincide. Exception has been taken to his statement, but I imagine that it is based on some misconception of what he means by "symptoms." He could not wish to limit the term to those phenomena which appear on the surface, and strike the uneducated eye. At any rate, that is not what we mean by symptoms now. We know that very often the same surface symptoms belong to two or more utterly distinct conditions of the body, while the symptoms which distinguish these conditions do not lie on the surface, and can only be ascertained by more profound research. They are still symptoms; for every disease is only a group of symptoms or appearances. But they need the pathologist to discover them; bringing as he does to his aid all the resources of science (the stethoscope, the speculum, the test tube,) and thus seeing not only all that the others see on the surface, but all that lies beneath the surface as well: so that he can distinguish where they could not and the *ὅμοιν* to them would be the *αλλοισν* to him. In Hahnemann's day, indeed pathology could hardly be said so exist as a science. But his doctrine is the same. Obtain all the symptoms you possibly can, both in proving your medicines and in examining your patients; then, in prescribing for an individual case, select that remedy which corresponds most nearly to the totality of the symptoms present."

The true value of the rule "*Similia Similibus Curantur*" is sufficiently well set forth as "our guide for the discovery of *specifics*. That they may be discovered in other ways is obvious. Sometimes, as I have mentioned by the rule '*Contraria Contrariis Curantur*,' as when Hyoscyamus was given for cerebral excitement, because it sometimes causes sopor. Sometimes purely empirically, 'by the merest chance,' as we say, of which Cinchona Bark in ague is a notable instance; I only claim for the rule '*Similia Similibus*,' the first place as an instrument for this discovery:—its title thereto being that more specifics have been found by its means in the last fifty years than have rewarded other modes of research for the preceding five thousand."

2. The true remedy having been selected, what is the proper *dose* in which it may be successfully given?

Here sometimes "doctors differ." Hahnemann began with large doses of well-chosen remedies and made the patients worse instead of better. He gave the same remedies more finely attenuated and cured. He gradually settled at the 30th attenuation as proper for ordinary cases. Some of his followers were never able to see how such fine doses *could* do any good; others have risen to dilutions up to the 71,000th.

The author declines to decide on the authenticity of such reports as we have of cures by these high potencies, but says: "The earliest practice on record in English literature exhibits the medium dilutions—the 12th to the 3d—chiefly in use, the 30th being also pretty frequently administered.

But a tendency soon displayed itself to descend rather than ascend the scale. The writings of Dr. Drysdale, (Brit. Jour. Hom. Vol. VI. p. 1) and Mr. Madden (same Journal, Vol. XI. p. 2) and the cases recorded by Dr. Henderson, (*ibid* Vol. VII. IX. &c.,) exhibit the march of this progress. Now almost all British practitioners have joined it. A few remain behind, and protest loudly from their desolate eminences. But while some, and those not of least eminence among us, have even reached the mother tinctures as the most suitable dose; there are few of us who in our ordinary practice go above the 2d and 3d."

That announcement will startle many American practitioners. We have indeed a large army of active men who do much to extend our doctrines and practice who never pretended to comprehend the law of Nature under which the 30th potency of any remedy can cure any disease; but surely a large number of working, writing, thinking Americans will regard that *fall* from Hahnemann's 30th to the 3d dilution as more disastrous to true human progress, than that *great fall* of Cæsar at the foot of Pompey's statue. The advocates of such practice in this country have indeed never been credited by old school men of any sect with the return of reason and coming down to the land of common sense; but the only criticism they have ever regarded was that thrown upon them by those foes of their *own household*, the defenders of "pure Hahnemannianism."

The author's idea of alternation of remedies is thus given:

After objecting to this practice as an ordinary practice, he says: "Alternation should always be practiced—not 'under protest,' but as an exceptional proceeding. The exception is in part practical, only, and may disappear with advancing knowledge. As we often supersede two opposite half truths by some deeper whole truth which embraces them both, so in many instances in which we now alternate two medicines one may be discovered which shall cover all the symptoms. I think, indeed, that we often alternate unnecessarily as it is. But I am disposed to believe that, to some extent, alternation is founded on principle;—that there are (the illustrations are Dr. Madden's) double stars in the firmament of medicine, compounds which are themselves radicals in therapeutic chemistry. I do not refer to such medicines as Hepar-sulphuris, which is a compound of Sulphur and Calcarca. The combination here is chemical, and it has been proved as a simple drug. The 'Binary Homœopathy' of which I speak is vital and not chemical: the reactions of the medicines are not one with another, but with organs whose different tissues they influence. I will only hint at this now: it is an inquiry which needs working out. But just to indicate what I mean, I can hardly conceive a medicine more homœopathic to the fever of measles than Aconite, and evil always results from its suspension; and, yet, you must alternate other medicines with it if you want to relieve the coryza, the bronchitis, or the diarrhœa from which your patient may be suffering."

The "Manual of Therapeutics" will receive more attention from Homœopathists than ordinary books of equal pretentions. The reputation of its author will assure for it this degree of success, but will provide for it no iron-clad, cannon-proof armature against the criticism which awaits it. Old

School criticism, by men who inherit, the philosophies and theories of the Middle Ages can be easily disposed of; but it is from our friends, *not* our enemies, that we need protection. Dr. Hughes has yet to run the gauntlet of the four batteries vigilantly guarded and defended by chosen sentinels of all the "*four*" sects of Homœopathists well described in the "Medical Investigator," April, 1869, page 165 (or 265, we can't understand which,). If he don't catch a few broadsides from *three* of them, at least, he will be more fortunate than other homœopathists have been.

Transactions of the Homœopathic Medical Society of the State of New-York, for the year 1868, *Volume VI.* ALBANY, VAN BENTHUYSEN & SON, 1868. 8vo. pp. 736.

THE present volume will be received by Homœopathic physicians and by the friends of reformed medicine everywhere as a fair expression of the estimation in which Homœopathy is held by the people of this State. An Octavo Volume of 736 pages, embracing one hundred and twenty-four separate articles, written by so many different authors, printed and illustrated in a style never surpassed in beauty or value by the publications of any learned society whatever, and the whole executed at the expense of the Empire State, may well be welcomed by all who shall see it as a noble offering on the altar of progressive Science. The best interests of Society are advanced by judicious investments for diffusing among the people of every profession the knowledge which is calculated to promote the highest happiness of all.

This volume not only places on record in a permanent form the ordinary transactions of the State Society with those of many county societies; it preserves for future use a large number of dissertations, reports and lectures which will be found to be of permanent value. Some of these are finely illustrated by lithographs, executed under the direction of Mr. Van Benthuysen. Of these we notice: Article III. Hydrophobia, by Dr. S. P. Hedges, two fine plates.

IV. Hydatids, Report by Dr. T. C. Duncan, six plates very finely executed, displaying beautifully the structure of Hydatids, Tænia Solium in different stages.

V. Occlusion of the Vagina, Prof. G. D. Beebe, one plate.

VIII. Tænia Solium, Dr. D. G. Woodvine, three plates, minute structure of the Tape worm completely displayed.

XI. Osteo Sarcoma of the Inferior Maxillary, by Prof. E. C. Franklin, two plates, the patient shown before and after a successful operation.

X. Hypertrophy of the Tarso-Phalangeal portion of the foot, Prof. Franklin, one plate.

XII. Action and Classification of Medicines in Connection with the Anatomy of Temperaments, Prof. John C. Morgan, four plates, two of which are of double size, and colored.

XIII. Pathological Relations of the Deep Fascia, by Prof. John C. Morgan; one fine double colored plate showing "Support of Viscera by Muscles through the Intervention of the Deep Fascia," &c.

XIV. Spontaneous Cure of Aneurism, Report of Cases by Prof. A. R. Thomas, one plate.

XVI. Prolapsus Uteri—Its Surgical Treatment, New Uterine Supporter, Dr. E. J. Fraser, one plate.

LVII. Uterine Fibrous Polypi, by Dr. H. Minton, one plate, illustrating a case of a large uterine fibroid tumor successfully removed.

LXXVI. Contribution to the Study of Human Milk, by Prof. T. F. Allen, two plates illustrating, by eight microscopic views, the physiological, pathological and diagnotic questions involved in this subject.

LXXIX. Prolapus Uteri, Its Surgical Treatment, by Dr. E. F. Hofmann, one plate, three figures showing the " Anatomical Pelvic Pessary.

CXII. Observations of Cocculus Indicus, by Prof. Carroll Dunham, one large double plate, exhibiting the " Anamista Cocculus " in its leaf, flower, fruit, &c., colored.

CXIV. Case of Malformation of the Occipital Bone, large congenital tumor in connection therewith, by Dr. D. F. Bishop, two plates—the projecting tumor with external and internal views of the defective bone.

The Index of twenty-two pages adds much to the value of the book.

Of the non-illustrated articles it is not necessary to speak in detail now. Some of them have already been published in one or another of our many medical journals. But they all deserve place in a publication issued by the State, and designed to disseminate, in a permanent form among the people, the knowledge which they especially need. Such a book received, not indeed in *every house*, but in *every neighborhood*, will do more to light up the saddest homes of the afflicted than many a volume of the public documents which the State has always generously distributed. We have many citizens who will read no such books as this; but its publication will make wiser and stronger the medical counsellors on whom they must rely in hours of the greatest trial.

The Commissioners of the Alms-House, vs. *Alexander Whistelo*, a black man, being a remarkable case of Bastardy, tried and adjudged by the Mayor, Recorder, and several Aldermen of the City of New-York, under the Act passed 6th March, 1801, for the Relief of Cities and Towns from the Maintenance of Bastard Children. "The wisely curious rack their brain to solve this problem—all in vain." New-York, published by David Longworth. 1808, 8vo. 56. From Prof. S. B. Barlow.

THIS case attracted much attention in consequence of the medico-legal questions it involved, and also the high character of the medical witnesses called to explain them. The names of these distinguished physicians show the importance which may be sometimes given to the question of paternity. The medical witnesses were: Dr. Kissam, Dr. David Hosack, Dr. Post, Dr. Dr. Seaman, Dr. Tillary, Dr. Moore, Dr. Anthon, Dr. Secor, Dr. Williamson, Dr. Osborne, Dr. DeWitt, Dr. Samuel L. Mitchell, Dr. Felix Pascalis, Sir James Jay, M D.

In the examination and cross-examination of these learned physicians, the counsellors, on each side, display the acute and skillful fencing and shuffling we so commonly see in courts a half century later. In this case, as in more recent cases, we observe that those who in court display the most learning, generally come out of court with least honor. The Mayor delivered the final opinion of the Court:

"This is an appeal from the police magistrates. It appears that they were divided in opinion respecting the paternity of this child, and the Commissioners of the Alms-House and Bridewell have applied to the sessions to review the case.

"The defendant is a negro—the mother, a mulatress—and the child has the hair and most of the features of a white; the color, indeed, somewhat darker, but lighter than most of the generality of mulattoes."

The medical testimony was all on one side except that of Dr. Mitchell. He knew so much that he could account for almost any freak of nature that might come before him. The testimony of the mother was positive, but the Court decided to disregard her oath. The Mayor said: "It can not certainly be expected that we must have recourse to the miraculous to bear out and support her testimony." He chose to be led by the testimony of so many able physicians, "and would not hesitate to decide against the appellants."

The Trial of Gov. T. Picton, for Inflicting the Torture on Louisa Calderon, a Free Mulatto, and one of His Britannic Majesty's subjects in the Island of Trinidad. 1806. London. From Prof. Barlow.

Trial of Messrs. Lambert and Perry, and also of William Cobbett, for libelling His Present Majesty George III. New-York. 1810. *From Prof. Barlow.*

4. *Hand-Book for Consumptives.*

Dr. Henry N. Avery of this city has recently written a valuable, practical guide for the invalid and those predisposed to consumption.

Those persons who are invalids have long felt the want of such a work, as it takes the place of a physician, when medical aid is not at hand.

Travelers at home and abroad, will find it of great service, as it points out the best localities to resort to, and gives valuable rules for the prevention of sea-sickness.

Persons predisposed to the disease, will derive much benefit by following the rules laid down.

As the price is only fifty cents, it should meet with a large sale. It can be procured at any Homœopathic Pharmacy or of the American News Co., 191 & 121 Nassau-st.

Books Received.

Western Homœopathic Observer. Jan., Feb., March, April, 1869.
American Journal of Homœopathic Materia Medica. Feb., March.
American Homœopathic Observer. Feb.
Medical Investigator. Feb., March, April, May, 1869.
United States Medical and Surgical Journal. April, 1869

Monthly Record of the Five Points' House of Industry.

New-York State Inebriate Asylum. Superintendent's Report for 1869. Binghamton, New-York.

Hahnemannian Monthly, to April, 1869.

New-York State Lunatic Asylum. Twenty-sixth Annual Report. For the year 1868.

Essentials of a Reliable Pathogenesis, and the Proper Manner of Selecting the Remedy. By E. M. Hale, M D., Chicago, Ill.

The Medical Record, a Semi-Monthly Journal of Medicine and Surgery—March, 1869.

Monthly List of Foreign Literature by B. Westermann & Co. 446 Broadway, New-York.

Catalogue of German Literature.

Catalogue de Livres Anciens qui se trouvent a la Librairie Tross, a Paris, Annee 1869.

L. W. Schmidt's Medical Catalogue. New-York, 24 Barclay-st., 1868.
  " " Monthly Circular of New Publications. Feb. March, April, May, 1869.
  " " Scientific Catalogue. A. Bibliographical Guide to the Literature on Sciences.

Catalogue of Medical Books. Wm. Wood & Co., 61 Walker-st. N.-Y.

The Homœopathic Quarterly. A Journal Devoted to the Interests of Pure Homœopathy. Rollin R. Gregg, M. D., Editor and Proprietor, Buffalo, New-York, 1869.

Bibliotheque Homœopathique par une société de Médecins. Tome I. Nos. 1-24; Janvier-Décembre 1868. Prix 18 francs (*Gold.*) Ainsi Tome II. Nos. 1-9; Janvier-Avril 15, 1869; Prix 18 francs (*Gold*) pour l'année ou 24 numeros.

Avis.—A tous les nouveaux abonnés nous offrons en *Prime* au prix réduit de 8 francs (*Gold*) les 24 Nos. de la première année de la *Bibliothéque Homœopathique.*

L'Homopathie repose uniquement sur l'expérience. Imitez moi, dit-elle à haute prix, mais imitez bien, et vous verrez à chaque pas la confirmation de ce que j'avance. Ce que nulle matiere médicale, ce qu'aucun système de médicine, aucune thérapeutique n'avait fait ni pu faire jusqu' ici, elle le demande à grande à grands cris; elle veut être jugée d'après les résultats. Jourdan, membre de l'Acad. roy. de Médecine.

Miscellaneous Items.

1. *Ninth Annual Commencement of the New-York Homœopathic Medical College,*

was held at the hall of the New-York Historical Society, Corner of Second Avenue and Eleventh-st., Wednesday Evening, March 3d, 1869.

Graduates.—L. Arthur Clark, East Poultney, Vt.; Jas. J. Clark, Harrisburgh, Pa.; Arthur B. Cossart, Westville, N. Y.; Chas. A. Dorman, New Britain, Conn.; Jacob M. R. Gedney, New-York City; J. H. Gallinger, Concord, N. H.; O. R. Gross, New-York City; Nelson Hunting, Lincoln, Ill.; Chas. J. Mansfield, New-York City; Holmes M. Jernegan, New-York City; Thomas J. Merryman M.D., Centre Ridge, Ill.; John M. Miller, Melrose, N.-Y.; Norton C. Ricardo, Hackensack, N. J.; Jas. Blake Robinson, Gardiner, Me.; Henry Saltzwedel, Brooklyn, N. Y.; Ferd. A. F. Seeger, New-York City; Jas. T. Sherman, Newport, R. I.; St. Clair Smith, Throopsville, N.-Y.; Alpheus D. Smith, Laconia, N.-H.; Geo. H. Smith, Milton, N.-Y.; Oliver Smith, Brooklyn, N.-Y.; Frank H. T. Thomas, Tacony, Pa.: Edw'd H. Spooner, New-York City; Sam'l W. Thurber, Hardwick, Vt.; Gilbert R. Traver, London, Ont.; Henry Tucker, Lake Village, N. H.—*Special Degrees.*—Garrett D. Crispell, Kingston, N.-Y.; Nath. Green, Newport, R. I.; Thos. E. Pomeroy, M.D., Detroit, Mich.

North-Eastern Homœopathic Dispensary. 307 *East* 55*th-St. Near* 2*d Avenue.*

The Committee of Finance of the Board of Aldermen made the following *Report*, Feb.

"That an investigation of the claims of this institution upon the bounty of the City has resulted in convincing your Committee that they are equal, if not superior, to any of the many institutions of a similar character with which the City abounds. Therefore

Resolved, that the Controller be and he is hereby authorized and directed to draw his warrant in favor of F. Seeger, Treasurer of the North-eastern Homœopathic Dispensary, as a donation in aid of the funds of said Dispensary, for the sum of eight-thousand Dollars." It passed Aldermen, Feb. 25. Since passed the Council.

Western Institute of Homœopathy.

The next annual meeting will be held at Ann Arbor, Michigan, on Thursday and Friday, 19th and 20th days of May, 1869. Favorable responses for FREE return tickets to members have been received from the Illinois Central Railroad and Grand Trunk Railroad.

(*Correspondence.*)

St. Louis, March 5, 1869.

Editor N. A. Journal Homœopathy:

Dear Doctor:—Enclosed please find a little notice of our second commencement. Will you please publish it, either in the Homœopathic Sun or in the North American Quarterly. It is my intention, next session, to offer two prizes for the best students in obstetrics and gynecology. The questions will be submitted to the students all assembled in one room, and each one will be required to give an answer, in writing, within a specified time. This plan gave good satisfaction at our second commencement.

Next session I propose to offer two prizes: first, a silver medal, and second, a pair of the St. Louis obstetrical forceps. I would like to know your opinion of my plan.

I regret very much to have seen so little of you, last June, when you were here. I was so much engaged in arranging the details of the Convention that I did not have as much time as I could have wished to have - voted myself to the entertainment of many of the distinguished guests who honored us with their presence. Should you ever come to St. Louis, I would be glad to have you as my guest during your stay in our city.

Hoping to hear from you, dear Doctor, I remain yours,

Very truly, T. G. COMSTOCK.

Eighteenth Annual Meeting of the New-York State Homœopathic Medical Society.

PROCEEDINGS CONTINUED.

Dr. Searle offered the following:

Whereas, Dr. Fellows has generously remitted to the Society the amount of $161.21, which was due him as Secretary for the year 1867-8, therefore,

Resolved, 1st. That any part of the dues of that year which may hereafter be collected shall be paid over to him.

2d. That he is hereby declared exempt for life from the payment of any dues to this Society.

3d. That the warm thanks of the Society are due to him for his generous remission of the debt.

Dr. Searle explained that in view of the generous action of Dr. Fellows in remitting his salary as Secretary, we should be happy to do this small favor to him.

Dr. Wright offered a resolution, that as several medical gentlemen were present, not members of the Society, he moved to invite them to take seats with us and participate in the discussion. [Adopted.]

Dr. Clary moved that the question of dues be referred to a committee of three, to consult with Dr. Searle, and report after dinner.

Dr. H. M. Paine wished the matter settled now, and before dinner.

Dr. Wright suggested that as this was a very important question, and it had been said that the by-laws interfered with our power to act promptly, he moved that the by-laws be suspended for this purpose. He offered such a resolution, which was adopted.

After several other ineffectual motions, the Auditing Committee was charged with the duties contemplated in Dr. Clary's resolution.

On motion of Dr. Paine, the report of this Committee was made the first business of the afternoon session.

Dr. Paine read a list of papers which were to be presented to the Society, including among them the proceedings of the Onondaga, Montgomery and Steuben County Societies.

Dr. Wright read a paper entitled "Clinical Report—A Case of Diarrhœa." The patient was a woman near confinement. After being almost at the point of death she was restored by the usual Homœopathic remedies.

In answer to an inquiry, the Doctor said that doses of a third potency had been given by him.

Dr. Beakley said that the College with which he was connected was in a flourishing condition. He had suggested to the chairman of the proper committee in the Legislature, that an appropriation should be given to the hospital to be attached, and he wished to impress on his friends that if they could do anything to aid this meritorious enterprise, he hoped they would. We wished to show that a hospital could be supported without aid from the city.

Dr. Cornell said that the Homœopathic Society of Northern New-York had passed a resolution deprecating the education of our medical students in Allopathic schools. He thought these views good, and moved the appointment of a committee of three persons to draft resolutions expressing the views of the Society. The resolution was adopted, and the committee was appointed as follows: Drs. B. F. Cornell, W. Wright, E. C. Bass.

Dr. Wright said that he could not let the remarks of Dr. Beakley pass by without commenting upon them. It was a subject of great importance, and should not be lightly dismissed. When the question of the success of homœopathy is disputed we wish to be able to show that in a hospital at home we have had such a result as we say is given elsewhere. Our hospital should be here, and is of more value here than in Europe.

Dr. Beakley thought the necessary funds could be obtained among the five thousand physicians of our country by the subscription of a small sum each, and by solicitation from those who have wealthy patients. These patients can be asked for contributions, as the subject is purely charitable.

Dr. E. P. K. Smith submitted a paper on Parturition. The most remarkable feature of one case was, that the woman had been married at twelve years, and had her first child, a healthy and well-formed one, at thirteen years and six months. The case was not otherwise remarkable.

Other papers were also read. Among them was a case from Obstetrical Practice, by Dr. George A. Cox, of Albany. Reports were read from the Ophthalmic Hospital, New-York; Bond Street Dispensary, New-York; Homœopathic Dispensary, New-York; Five Points' House of Industry, New-York; Half Orphan Asylum, New-York; and of the Societies of Albany, Broome, Chemung, Chatauqua, Columbia, Cayuga, Dutchess, Erie and Kings county.

Dr. Bishop read a report on Surgery, after which a discussion took place upon the best method of making splints and of supporting the leg.

The Society then took a recess from half-past one to three o'clock, for dinner.

AFTERNOON SESSION.

Reports were read, on reassembling, from the Albany City Dispensary and the Margaretsville Retreat for the Insane. Dr. Doty said that he was surprised at the succesful result of homœopathic remedies as applied to the insane. He thought that fewer cases of failure would be found there than with any other method of treatment. He read the provisions of a bill to incorporate the Margaretsville Retreat for the Insane. Its capital shall not exceed $15,000. We wish to secure this act of incorporation, and every member of the profession should use his influence with the Legislature for this purpose, and for an appropriation. We have a beautiful place and buildings, with water, and we want to establish it on a firm basis, so that the institution can be self-supporting.

A paper was read from Dr. Morgan, of New-York, on Consumption in America.

A note was then read from the Governor acknowledging the invitation of the Society to attend its sessions.

The Auditing Committee, through Dr. Clary, read the following report and resolution.

The Committee to whom was referred the Treasurer's report, have performed their duty, and found it correct, and recommend the adoption of the report.

The same Committee to whom was referred the suggestion and recommendations of the Treasurer with the resolutions thereto appended, have examined the same, with account of expenses for the last year, and think they discover some items of expense that may be omitted and others lessened for the coming year. They, therefore, recommend the following as the appropriations for the current year:

For printing, stationary of every description, advertising, express charges, rent of room, postage, envelops, circulars and bills, including postage of Corresponding Secretary, $100; stationary, postage, &c., of Treasurer, $30; for reporter, $25; Recording Secretary's salary, $250; total amount of expenses for next year, $405.

In addition to the above the Society has unpaid outstanding bills, $90.48. Balance due Recording Secretary, after the amount in the Treasury is exhausted, $13—103.48. Total, $508.48.

Now, to meet this amount, your Committee recommend the adoption of the following preamble and resolutions:

Whereas, it is shown by the report of the Treasurer that the present fees are inadequate to the support of the Society; therefore,

Resolved, That the by-law upon this point be set aside for the coming year, and that four dollars be assessed on each permanent member and delegate of this Society.

Whereas, much ignorance exists among the members of the Society, and the profession throughout the State in reference to the financial interests of the Society; therefore,

Resolved, That 500 copies of the Treasurer's report be printed and circulated among the profession by the Treasurer.

Lyman C. Cory,
A. P. Cook,
A. W. Holden.

The report of the committee was accepted, and was then discussed at some length. An inquiry was made as to forwarding by express, and it was explained that some copies were sent to Washington to the Smithsonian Institution, there to be sent to Europe, and others were sent to Europe directly. Some were also sent to officers of other State societies. The printing and advertising bills were examined, and the items were adopted, one by one.

The Secretary explained the reason for so many letters being written last year, and thought it was necessary in order to keep the Society in healthy and active life. Much of this postage and stationary had been expended for getting contributions for the Transactions. As long as he was Secretary, he did not wish to have his hands tied, but to act freely.

Dr. Searle said that the Society had not the money, and could not expend it. It was, therefore, idle to talk about spending it if we did not have it.

The remaining clauses were then read, and the whole was adopted without alteration.

The Secretary then announced the titles of some papers which had been received, one by Dr. O. E. Noble, and others, also reports from the Buffalo City Dispensary, Poughkeepsie City Dispensary, Livingston County Society, Monroe County Society, and from the Societies of the counties of Madison, Monroe, New-York, Oneida, Ontario, Oswego, Otsego, Rensselaer, Saratoga, Ulster, Washington, Westchester and Wayne.

A resolution was offered by Dr. William Wright, of Brooklyn, as follows:

Resolved, That hereafter, in the publication of the Transactions of the Society, the lists of Presidents, Vice Presidents, Honorary and Permanent members shall be arranged according to the order of election, rather than by an alphabetical arrangement.

EVENING SESSION.

The Society, on re-assembling, was called to order by Dr. Gray, of New-York.

Dr. Watson, the President, then read his annual address. It is of great length, and we are obliged by lack of space to give only a very brief synopsis. The subject was: The Medical Profession, its Duties and Responsibilities, and the Relation of the Homœopathic to the Allopathic branch.

The speaker narrated the history of the profession, described its cares and encouragement, and the progress it had made. In the Homœopathic branch the success had been wonderful, having increased in New-York over six hundred per cent. in twenty-six years, and in a similar ratio of increase in nearly all Northern, Middle and Western States. In every community there were skillful and successful Homœopathic physicians.

We have seven colleges in this country, and there are dispensaries and hospitals in New-York, Philadelphia, Boston, Brooklyn, Chicago, St. Louis, Cincinnati, Harrisburgh, Leavenworth, Newark, Pittsburgh, Poughkeepsie, Troy, Rochester, Washington, Albany and Buffalo. We have twelve homœopathic periodicals. In this State there are nine hundred regular homœopathic physicians. Yet, with these advantages, we are denied admission into the army and navy, while a majority of the members of Congress and heads of departments are to-day firm adherents of that mode of practice. And why are they excluded? Is it by any legal or Congressional enactment? Not at all. Is it because the people of this country have at any time or in any way given to the allopathic profession a perpetual succession in the army and navy? Not at all, but because the Examining

Boards have chanced to be composed of allopathic physicians, and they, without law, yea, in defiance of law, and without the slightest pretext of right so to do, have refused to admit homœopathic physicians and surgeons to even an examination for these places. Was a clergyman, otherwise qualified, ever refused a position as chaplain of a regiment during the late war because he was an Episcopalian, a Presbyterian, a Unitarian, or a Catholic? No such instance ever occurred.

We have not a State religion. Have we a State system of Medicine? Has this State, or any other State in this country, ever decreed that such a school of Medicine, whether it be the Allopathic, Homœopathic, or the Eclectic, shall be *the* system of Medicine, par excellence, and the only one to be tolerated in its public institutions; and that its high priests alone are eligible to positions of public trust and influence? I beg not to be misunderstood. The Homœopathic branch of the Medical profession raises no arrogant or puerile claim of exclusive legitimacy; it seeks not to monopolize all the charitable institutions of this country, as the Allopathic school has done, and still seeks to do. We ask nothing but simple justice. We wish only as many appointments as we are justly entitled to by our numbers and intelligence.

While we may differ with the practitioners of Allopathy, we should treat them neither with bigotry and intolerance, or with contempt; but rather with that chivalric courtesy, which, while it compels respect from others, cheerfully renders it in return. Let our motto be, both in regard to ourselves and our opponents, *in certis unitas*, *in dubiis libertas*, *in omnibus charitas*.

At the conclusion of the address, Dr. Jones, of Albany, moved that the thanks of the Society be extended to Dr. Watson for his able address, and requested a copy for publication. [Carried.]

After the adjournment of the Society for the evening the members attended a collation given by Dr. L. M. Pratt at the Delavan House. The tables were handsomely spread, and a large company sat down under the presidency of Dr. Watson. Speeches were made by Drs. Watson, Wilder, Gray, Lord, Hand, Munger and Clary. General Patrick and John Stanton Gould also spoke. A resolution of thanks was tendered to Dr. Pratt for his hospitality, before leaving.

SECOND DAY'S PROCEEDINGS.

WEDNESDAY—MORNING SESSION.

The Society met at 9 o'clock. The President, Dr. Watson, in the chair.

Dr. Waldo, Chairman of the Committee on Nominations, submitted the following report. The nominations of officers for the ensuing year were confirmed by ballot. The Committees were elected *viva voce*.

President—Wm. Wright, of Brooklyn.
First Vice-President—E. B. Holmes, of Canandaigua.
Second Vice-President—Henry Minton, of Brooklyn.
Third Vice-President—E. P. K. Smith, of Auburn.
Corresponding Secretary—E. D. Jones, of Albany.
Recording Secretary—H. M. Paine, of Albany.
Treasurer—W. S. Searle, of Brooklyn.

Censors—Northern District. H. Swits, W. H. Barnes, C. H. Carpenter. Southern District, H. C. Jones, J. Mc. E. Wetmore, C. T. Liebold. Middle District, C. J. Hill, Norman Getman, George B. Palmer. Western District, R. R. Gregg, G. W. Peer, J. M. Cadmus.

Committee on Publication—H. M. Paine, E. D. Jones, L. M. Pratt, of Albany.

Dr. Wright read a brief paper, whose title is given elsewhere, on the subject of Scarlet Fever.

Dr. Hand said that a friend had in his neigborhood noticed a very rapid spread of scarlet fever after a single case had been exhibited. Another case he knew where a family had removed two miles from the village, to be away from the contagion, where every member was attacked four weeks after. In another family in Binghamton all except one had been attacked, and that one on a repetition of the disease also suffered from it.

Dr. Searle read the report on clinical medicine for the Third District.

A paper on Placenta Prævia, by Dr. Henry D. Paine, was presented and read by the Secretary.

Dr. Searle offered:

Resolved, That a semi-annual meeting shall be held during the coming year in New-York city, and during the succeeding year in the city of Rochester.

AFTERNOON SESSION.

A paper on Senile Gangrene was presented by Dr. Lowry, through the Secretary, and read.

Dr. Waldo was called to the Chair, when Dr. I. S. P. Lord read a paper entitled, "Posology—a Critique."

The Committee on the Margaretsville Retreat for the Insane, through Dr. Avery, made a report as follows:

We, the undersigned committee appointed to report upon the necessary steps to be taken for the Margaretsville Retreat for the Insane, respectfully recommend the early establishment of an institution for the treatment of the insane, as proposed by Dr. Doty of Margaretsville, New-York.

The Committee recommend the adoption of the following resolution:

Resolved, That public or private institutions under the care of homœopathic physicians or surgeons, should receive the united support of the medical profession and adherents of the homœopathic system of medical practice in this State.

Henry N. Avery,
R. S. Bishop,
F. W. Injalls.

The report was accepted, and the Committee continued till another year.

Dr. Ormes offered a resolution, which was adopted, that the volumes of transactions be delivered to the Secretaries, of the several county Societies without expense to the State Society. [Adopted.]

A paper presented by Dr. R. R. Gregg, entitled "Leucorrhœa," was read by Henry N. Avery.

The Secretary read a letter from Dr. I. T. Talbot, Secretary of the American Institute of Homœopathy, in which he stated that the code of ethics prepared by that Association had been agreed to by several State

Medical Societies and recommended that the same be adopted by the Society of the State of New-York. The suggestion was adopted.

Drs. W. S. Searle, Carroll Dunham and H. M. Paine were appointed a committee on the part of the Society to examine the United States Dispensatory, to be published by Dr. E. A. Lodge, of Detroit.

The Secretary read a paper presented by Dr. A. R. Morgan, entitled "Consumption in America."

Dr. Wright presented a clinical report of four cases from practice.

The following papers were read by title during the course of the day:

"The Dose," by P. P. Wells, M. D., of Brooklyn, N. Y.

"Scarlet Fever," by P. P. Wells, M.D. Report on Clinical Medicine.

"Tabes Mesenterica," by D. A, Gorton, M.D., of Newburgh.

"Northern Home for Friendless Children, Philadelphia, Synopsis of Medical and Surgical Reports while under Homœopathic Treatment." By B. W. James, M.D.

"Gleanings from Ancient Medicine," by E. B. Holmes, M.D., of Canandaigua.

"Entozoa," by D. G. Woodvine, M.D., of Boston, Mass.

"Report on Surgery, Intra-capsular Fracture of the Neck of the Femur," by R. S. Bishop, M.D., of Medina.

"Obstetrics," Report by G. A. Cox, M.D., of Albany.

"Life," by I. S. P. Lord, M.D., of Poughkeepsie.

"Alcoholic Liquors predisposing the generation of Syphilis and Gonorrhœa." By J. Hornby, M.D., of Poughkeepsie.

"Obituary Notice of Dr. Joel Bryant." By Henry Minton, M.D.

"Does our Food Generate or Transmit Disease?" By B. W. James, M.D., of Philadelphia.

"Hydrothorax." By I. T. Talbot, M.D. of Boston.

"A case of Catarrhal Colitis, resulting in Ulceration, cured by Oleum Terebinthinæ." By E. M. Hale, M.D., of Chicago.

"Report on Epidemics in Fifth District." By T. D. Stow, M.D.

"Provings of Trifolium Pratense, and of Salix Purpurea," by T. C. Duncan, M.D.

"Fibroid Tumors," by H. Minton, M.D.

"Obituary of Dr. Matthews," by T. C. White, M.D.

"A Report of a case of Cancer," by B. F. Cornell, M.D.

"A Report of cases of Cerebro-Spinal Meningitis," by C. H. Carpenter, M.D.

EVENING SESSION.

A motion was made that a new ballot be held in the case of Dr. Sherman, who had not received sufficient votes in the morning. It was so done, and his nomination was recommended.

Dr. Alexander Wilder, in making some remarks to the Society, said that there were several important questions which concerned physicians particularly. One of these was population itself. Go through our rural school districts and we will find that the number of children are becoming less and less. The American born inhabitant is passing from off the face of the land, the foreigners in this country producing more children than the Americans. It is true that nations of a lower grade produce more prolific progeny, than those of a higher. This rule is found in animals as well as in men. He was afraid if this continued for a century that the native American would no longer be in existence. Expense was one of these reasons, and abortion another. Persons who follow this trade were getting rich in all the great cities, not only by unlawful acts, but by the assistance which they render to respectable families. These were strong elements in the solution of the problem, but not sufficient for the whole. He himself would ascribe it to the hybridization of races, a result which always occasioned a weakening and a dying out. In conclusion he urged the value of the study of these questions, and also the cultivation of courtesy among practitioners.

The Committee on the Inaugural Address of the President reported as follows:

The Committee appointed to consider the Inaugural Address of the President, cordially endorse and recommend the early completion of the Hospital in the city of New-York in connection with the Homœopathic Medical College. The suggestion in relation to the establishment of Homœpathic Dispensaries in the State are pertinent, and an increase of their number is recommended. With regard to the non-appointment of homœopathic medical examiners by insurance companies, the Committee recommend action on the part of County Medical Societies like that taken by the Albany County Homœopathic Medical Society as recorded in the State Transactions for 1866. The Committee consider the formation of County Societies highly important to the promotion of the best interests of homœopathy and the support of the State Society. The Committee desire to encourage every effort tending to promote the elevation of the standard of medical education and the suppression of empiricism, and with this end in view we would recommend the appointment of a permanent committee on medical education. The Committee cordially approve the suggestions having reference to private and public institutions under the care of homœopathic physicians and surgeons for the treatment of the insane. All of which is respectfully submitted.

H. M. Paine,
H. N. Avery,
E. P. K. Smith.

The report was adopted.

Dr. Lord said, in reference to the action of Bryonia, that it was a good remedy for cases of obstruction of the ducts in the mammary glands.

Dr. Rich having been called upon, made some remarks upon the history of improvements in medicine, and upon the history of Homœopathy. It has attained its present position in spite of great obstacles, and has materially altered the Allopathic practice.

Dr. Hand related his experience with Arnica. He had used it successfully in cases where illness had been occasioned by over-exertion, and he had cured persons by it who had been said by physicians of the Allopathic school to be suffering from organic diseases of the heart. Having lost five children before he became a Homœopathic physician, he firmly believed that the administration of homœopathic remedies had saved two since he had changed. He concluded his remarks by a brief history and description of the Inebriate Asylum at Binghampton.

The Committee appointed to prepare a draft of a form of a certificate for honorary, permanent and delegated members, presented a report, which was accepted. The Committee stated that the expense of engraving the proposed form would be one hundred dollars. They were authorized to procure the engraving, provided it could be done without expense to the Society.

The Secretary read letters from the following honorary members: Dr. Talbot, of Boston; Dr. Pomeroy, of Detroit, and Dr. Williamson, of Philadelphia. Also, letters from the following permanent members: Dr. Paine, of New-York; Dr. Morgan, of New-York; Dr. Gray, of New-York; Dr. Wells, of Utica; Dr. Couch of Westfield; Dr. Chase, of Essex, and Dr. Sweeting, of South Butler.

A resolution of thanks was tendered to the retiring officers, to Dr. Sprague, and the speaker of the previous evening.

A vote of thanks was given to the Common Council of the city of Albany, for the use of the Common Council Chamber.

A vote of thanks was also tendered to Drs. Hand, Wilder and Rich for their speeches of the evening.

Dr. John F. Gray was constituted a committee on education.

Before adjourning, the President returned thanks to the Society for the kindness and consideration they had extended to him.

The Society then adjourned *sine die*.

The attendance at this meeting was large, the papers and reports read were of more than usual interest, and general concord and good will prevailed.

The semi annual meeting is to be held in New-York, on Tuesday, the 14th September. A large attendance is expected.

H. M. Paine, Recording Secretary.

Trichina.—Two Cases in Albany—Interesting Particulars,

[From Albany Argus, January 11.]

The following is an abstract from the paper read before the Albany Institute, on Wednesday evening last, by Dr. E. R. Hun:

In 1833, Mr. Hilton, of England, discovered in the muscles of a human body, which he was examining, a number of minute white specks, which upon microscopic examination, proved to be oval cysts, composed of calcarious matter, and containing in their centre a small worm. Two years later, Professor Owen investigated the subject, and gave to the worm the name of Trichina Spiralis, from its slender form and spiral shape. After this it was frequently met with in the muscles of subjects in the dissecting-room, but nothing was known how it got into the muscles, or what symptoms it produced in the patient it infested. In 1860 Zenker, of Dresden, called public attention to the fact that this little parasite, hitherto considered harmless, was the cause of one of the most frightful and fatal diseases to which the human race is subject. A family near Dresden was poisoned by eating the flesh of a pig raised and slaughtered on their farm. One of them died, and all the muscles of her body were found to be studded with Trichinæ, and the worm was also found in the sausages, ham and head-cheese, made from the flesh of the pig. Some of the infected meat was sent to Virchow of Berlin, who, by a series of experiments, developed the following interesting facts: If meat containing Trichinæ be introduced into the stomach of certain animals and these animals be killed and carefully examined at different intervals, it is found that the Trichinæ pass through several phases of development. Soon after being swallowed the gastric juices dissolve the cyst in which the worm is enclosed, and the trichina, at this stage about 1-25 of an inch in length, is set free in the stomach. It rapidly increases in size during the next three days, until it is about 1-5 of an inch long, and at the same time a distinction between the sexes makes itself apparent. The females outnumber the males by about forty to one. By about the twelfth day each female gives birth to living young, whose number has been variously computed at from 200 to 1,000 for each parent. These little trichinæ, which measure from 1-100 to 1-120 of an inch in length, immediately commence to bore through the walls of the stomach and intestines containing them, and find their way into all the muscles, which are under the control of the will-it being a curious fact that they are never found in the heart, or muscles of organic life. During the next four weeks or more they move about in the muscular fibres and increase gradually in size until they attain the 1-25 of an inch in length, when they coil up in spiral form and become enclosed in a cyst, when they remain quiescent for an indefinite period of time, waiting until some animal shall swallow the meat containing them, when they pass through the above described cycle of existence.

During the time that the trichinæ pass through their various stages of development, the animal infected by them presents certain symptoms which of course, differ according to the number of trichinæ swallowed and their position in the body; and these symptoms constitute the disease called trichinosis, which may be divided into three stages. During the first stage, while the worms are in the stomach and intestines, the principal symptoms are vomiting, diarrhœa, and general disturbance of the functions of the digestive organs. During the second stage, while the Trichinæ are migrating about in the muscles, we find dropsical swelling of the face and limbs, especially of the lower eyelids; the diarrhœa may or may not continue, and the most intense pain and tenderness affect the whole body and limbs. The patient, if able to walk at all, does so upon his toes, as if unable to rest the heel upon the ground, and in some cases is obliged to lie extended upon his back, the slightest attempt to move even a finger being attended by paroxysms of agony. At the same time a troublesome cough often supervenes, which, of course, increases the pain and soreness. This condition lasts for twenty to sixty days, after which the soreness gradually subsides, and the third stage or that of convalesence commences. The patient, worn out by protracted suffering, slowly regains his strength, or sinks and dies from exhaustion. If recovery does not take place, the Trichinæ becomes encysted and remain permanently in the muscle, but occasion no further trouble or annoyance. The second stage is far the most dangerous of the three, and it is during this stage, that the patient most frequently dies. This subject presents peculiar points of interest to the citizens of Albany, from the fact that there are two cases of the disease now existing, which are under the care of Dr. C. D. Mosher, of this city. A German family in Van Vechten-street purchased a piece of pork for dinner. Two boys belonging to the family found the pork in the house during the morning, and ate some of it raw. The remainder was cooked, and the whole family, numbering seven, ate it for dinner. The five, who only ate it when cooked, did not suffer from the disease, but the two boys were attacked with Trichinosis, and one is now in a very dangerous condition. The other has recovered from all serious symptoms. In order that there should be no possibility of any mistake in the diagnosis of the disease. Dr. E. R. Hun, by means of an instrument which he had constructed for the purpose, removed a portion of the muscle from the arm of the boy, who has recovered, and, by a microscopic examination, found twenty-one Trichinæ in a piece no larger than the head of a pin. Professor Virchow, of Berlin, who has investigated the subject of Trichinosis carefully, states that the only means by which the parasite can be surely destroyed in the pork is, first, by cooking so thoroughly that the entire substance of the meat attains a temperature of 212°; and second, by a warm fumigation of 24 hours' duration.

Plumbago—Graphites.

Plumbago, called also, graphite and black lead, might be called a carbonate of iron, consisting of ninety per cent of carbon, and a fair per centage of iron, except the Brazilian plumbago, which is pure carbon.

Plumbago is quite soft, has a metallic lustre, a shining streak, and an iron-black to steel-gray color. It is opaque, soils paper, and feels greasy. It occurs of laminated structure, and also massive and granular.

Graphite is used inmaking lead pencils and blacklead crucibles; as a polish for stoves, to lubricate machinery, and the "action" of pianofortes, and "glaze" the grains of gunpowder; to face the molds in iron foundries, also in electrotyping and manufacturing green glass bottles.

The discovery of the Borrowdale mine in England, in 1564, dispelled all the old contrivances for writing such as metallic lead, tin, &c., and the manufacture of lead pencils became quite universal. The product of the mine was very valuable, and was allowed to be opened only six months in a year. Many attempts were early made to refine impure graphite and mix with other materials to form lead pencils, which were rewarded with success in 1795, by combining clay with the purified graphite, and this process is the basis of the present manufacture of pencils. The materials are carefully ground and mixed into a dough, which is forced out of a small hole forming a long cylinder, which is cut into lengths, and dried, forming the lead of a pencil, which has only to be glued with wood and finished. A pencil passes through twenty-five hands before it is finished.

The Borrowdale mine is all but exhausted. The supply of the best graphite for lead pencils is now obtained from Siberia. The Ceylon, German, Ticonderoga graphite furnished material for crucibles, and other localties, that which is fit for lustres, lubricators, &c. It is estimated that ten thousand tons of plumbago are consumed in this country per annum.

Aluminum.

Forty years ago, a few grains of this metal were prepared by Professor Wœhler, at the University of Gœttingen. He sealed the little pellets in a glass tube, and it was not thought that the metal could ever have any useful applications. The discovery rested dormant for thirty years, when attention was called to it by the eminent French chemist, Deville.

The circumstances were as follows: The Emperor Napoleon, anxious to display some interest in scientific matters, appropriated fifty thousand francs to defray the expenses of researches into the properties and use of aluminum, and Henry St. Claire Deville was authorized to make the experiments. We happened to be in Paris when this took place, and were one day invited by Professor Deville to witness the preparation of the metal in the presence of the Minister of War, of Professor Dumas, and of other celebrities. Deville, who is the most genial, popular, and successful of the French chemists, received his guests with great cordiality, and explained, in the clearest possible manner, every step of the operation. He extracted a pure, silver-white metal from a lump of clay. The way he did this was very simple. Chlorine gas was passed over heated clay mixed with charcoal, and the chloride of aluminum thus produced was driven over melted sodium. The chlorine first extracted the metal from the clay, and was in turn decomposed by the sodium. In chemistry, might makes right, and every compound can be attacked and forced to capitulate, if the proper weapons are brought to bear upon it. The aluminum was first seduced from its strong citadel of clay by the chlorine, and was then attacked and captured by the sodium.

The experiments, in a small way, having proved successful, extensive works were established in the neighborhood of Paris, where aluminum was manufactured on a large scale. At the Paris Exhibition of 1867, Mr. Paul Morin exhibited numerous objects manufactured from pure aluminum, and from its alloys.

The specific gravity of the metal is 2.67. It is tin-white, fusible at a red heat, brilliant, malleable, ductile, sonorous, an excellent conductor of electricity, insoluble in dilute sulphuric acid, and in concentrated nitric acid; easily soluble in hydro-chloric acid and the alkalies. It does not decompose water, as was at first supposed, and does not oxydize materially in the air.

Professor Henry Wurtz, of New-York, has recently discovered that if it be rubbed with mercury it oxydizes so rapidily as to produce great heat. It was at first found impossible to solder the metal, but this difficulty has been at length overcome. When fused with iron it forms a crystalline mass not malleable. Mixed with copper in the proportions of ten parts of aluminum, and ninety parts of copper, it forms a beautiful alloy, possessed of the color and many of the properties of gold. This alloy is called aluminum bronze, and is now frequently employed for the manufacture of watch-cases, watch-chains, and imitation jewelry. Nearly all the aluminum now manufactured is converted into the above alloy, and the interest in it, which at one time began to flag, is once more revived, and several new establishments have arisen for its manufacture.

Four hundred pounds a month are now manufactured in France, and sold at twelve dollars a pound. It is also largely produced in England.

Aluminum is one of the most abundant metals on the earth. It is found in brick and porcelain clay, in feldspar, in crysolite, in granite, in slate rocks, in the ruby and sapphire. When iron rusts, it turns to a red powder, which can be washed away. When aluminum rusts, or is fused at a great heat among the crystalline rocks, it gives to us the precious stones called the ruby and sapphire.

As soon as the metal is required in large quantities, some method will be devised for producing it at a cheap rate; and when that time arrives, we shall not have to fit out expeditions to go and search for the ore in remote regions, but we can dig for it under our feet, nearly everywhere, and make a mine of every stone quarry.

The beautiful tone of the metal has suggested its use in the manufacture of bells, and a successful application of it for this purpose has been made.

Aluminum has been employed by chemists as a reducing agent in the preparation of some of the rare metals, and we may have to record a more extensive use of it for this purpose.

There have recently been introduced into use in Paris two new alloys of aluminum. The first is called aluminum silver, or third silver (tiers-argent), and is composed of one-third silver and two-thirds aluminum. It is chiefly employed for forks, spoons, and tea-service, and is harder than silver, and more easily engraved. The second is called minargent, and is made of one hundred parts copper, seventy parts nickel, five parts antimony, and two parts aluminum. It is a very beautiful, permanent, and brilliant alloy, capable of replacing silver for many purposes.

It must be acknowledged that the applications of aluminum in the arts are not so numerous as was at first predicted, and its manufacture, as compared with other metals, can, at the present time, hardly be called a metallurgical one. The metal is so light that a little of it will go a great way. A cubic foot of it weighs one hundred and sixty-eight pounds, whereas a cubic foot of gold weighs twelve hundred pounds, and silver weighs six hundred and fifty-six pounds, iron four hundred and fifty pounds, and even granite weighs one hundred and eighty-six pounds to the cubic foot.

If the price of it were the same as that of silver, it would still be much cheaper, as only one-fifth as much would be required to cover the same space.

So abundant is this metal, that it is safe to predict that the day is not far distant when our houses may be built of it instead of bricks, and we shall use it for many purposes now unknown.

Appeal to all Colleagues to Aid in the Elaboration of a Clinical Materia Medica.

At the last session of the "Verein Hom. Aerzte," at Dresden, it was resolved to appeal to all physicians for assistance in this necessary and useful undertaking. Whoever is willing, can make his own choice in the selection of a remedy or remedies, and is requested to forward such articles through any editor of a Hom. Journal, to the Central Committee of the Society. Should any remedy be worked out by several collaborators, the best may be chosen, or, perhaps, the most useful be collected from all. Every mite will be thankfully received and credited, for it is the duty of every physician to gather the clinical experience, which he has gained by many years, hard labor, and aid us in the good work. A publisher has already come generously forward, who is willing to give to the world the collected experience of the Hom. fraternity, and some of our best physicians offered to do their share; so Elb promises to work out Aconite; Hirschel, Bryonia; Villers, Rhus; Wippler, Apis, &c. May such good examples urge us on to follow their footsteps, and the first volume may appear in print before 1870.

The following remedies are proposed for the first volume; Aconite, Apis, Arnica, Arsenic, Bellad., Bryon., Calc-carb., Cham., China, Cina, Digital., Hep.-sulph., Ignat., Ipecac., Merc., Phosph., Plat., Pulsat., Rhus, Sepia, Spigel., Sulph., Veratr.

In the name of the Hom. Society of Dresden,
DR. HIRSCHEL,
(*Klinik.*)

Humboldt in Old Age.

His frame wore wonderfully; and there was no sign of decay of external sense or interior faculty while younger men were dropping into the grave, completely worn out. He was the last of the contemporaries of GÖTHE; and as the tidings came of the death of each—philosopher, poet, statesman, or soldier—HUMBOLDT raised his head higher, seemed to feel younger, and, as it were, proud of having outlived so many. If silent, he was kindly and gentle. If talkative, he would startle his hearers with a story or scene from a Siberian steppe or a Peruvian riverside—fresh and accurate as if witnessed last year. He forgot no names or dates, any more than facts of a more interesting kind. In the street, he was known to every resident of Berlin and Potsdam, and was pointed out to all strangers, as he walked, slowly and firmly, with his massive head bent a little forward, and his hand at his back holding a pamphlet. He was fond of the society of young men to the last, and was often found present at their scientific processes and meetings for experiment, and nobody present was more unpretending and gay. He has been charged with putting down all talk but his own; but this was the natural mistake of the empty-minded, who were not qualified either to listen or talk in his presence. There was no better listener than HUMBOLDT in the presence of one who had anything worth hearing to say on any subject whatever.—*Miss Martineau's Sketches* (*Leypoldt and Holt.*)

The Earth Closet.

[We publish the following extracts from a communication by Professor S. W. Johnson of Yale Scientific School.

There are two grave questions which enforce attention from every dweller in the city, and should not be neglected by those who have the country for their home. These questions relate to the disposition of the liquid and solid waste of the human body. One of them is, How shall the waste be effectually prevented from being an annoyance and source of disease? and the other. How shall it be made a means of fertility to the soil, and thus an item of national wealth?

Nothing is better established than the connection between human excrement and certain fearful epidemics.

It is on all hands admitted that cholera is most frequently and certainly transmitted to healthy persons by the intestinal evacuations of those who have been sick with this disease.

Typhoid fever, a form of disease very prevalent among us, is often traceable, with scarcely less certainty, to privy vaults, cesspools, and sewers. It is stated that Prince Albert of England probably contracted the disease that was fatal to him from the foul air that found its way into his study out of a forgotten sewer through a crack in the wall.

Most often it is our drinking water that brings into us the contamination. In multitudes of cases the well is but a few yards or feet from a cesspool that receives the kitchen slops on one hand and a privy vault on the other. The writer knows a well which furnished good water for about five years after it was excavated, in what was until then a vacant lot, but after this interval became unpleasant in taste, its flavor plainly suggesting the nature of its impurities.

In his researches on the cholera in Bavaria, in 1854, Pettenkofer traced its spread in several cases, in the most indubitable manner, to the use of water which had been in contact with the fæces of cholera patients.

The safest mode of escaping the evils in question hitherto adopted in closely built towns, consists in removing all human excreta to a distance by subterranean sewerage. In paved cities the street hydrants, which with the rains wash the surface filth into a system of underdrains, and the water-closets which connect every house with the same, would seem to offer every immunity against the accumulation of fæcal matters. The immunity is, in fact, very considerable in those cases where the system is well carried out: where the water supply is sufficiently copious and the sewerage is promptly carried off to the sea. There always remain the objections that poverty cannot and indolence will not "make the connections," that sewers will leak, and rivers and harbors are made noisome with the rottenness that is poured into them.

The waste involved in the "civilized" way of treating the materials under notice is immense. Every harvest brings from the country to the city, from the West to the East, a vast bulk of beef, corn, and hay, whose use to the city people does not for the most part consist in any permanent giving of its elements, but which after having weighted the wheel of life through half a turn and dropped off as waste, admits of conversion into food again, if but carried back to the fields. The gardeners and farmers in our immediate vicinity are obliged to disburse heavy sums each year for the phosphates and nitrogen which their crops demand, and which their land cannot adequately supply. The guanos and fish-manures which are brought from a distance or manufactured at heavy cost for their use, are in reality paid for not by them, but by those who purchase their produce in the city markets. The animal who stands at the head of creation requires the richest food, and yields to the food-producer the richest return. It requires but little art to convert his excrement into increment, and the conversion may be made extremely profitable.

The means of satisfying at once all demands of sanitary science and of agriculture is, however, fortunately everywhere at hand, and of extreme simplicity and cheapness in its application. *Dry and fine earth* is the material.

This property of earth is no new discovery. Its use was prescribed to the Israelites (Deuteronomy, 23, 12, and 13) and is turned to good account by the instincts of our domestic carnivoræ. The Rev. Henry Moule, an English clergyman, was the first to elaborate, by a careful study of the subject, a plan for the systematic employment of earth for this purpose.

The arrangements required to constitute an earth closet are not necessarily complex or expensive. It is only needful that a space be had below the privy-seat, the bottom of which should be of flagging or cement, and a little above the ground level, or at least protected from the wet of rain and of the ground. This space should communicate with a shed at the rear of the privy, to hold on one side a load or two of dry fine earth (not sand) or sifted coal ashes, and leave an equal room unoccupied on the other. For hospital or sick-room use, either a simple commode or pail, with a hod of earth to apply, or the self-acting commodes of Mr. Moule may be used.

Very important it is that hotels, schools, and, we may add, colleges, should be provided with this labor and health-saving arrangement. In large schools it is sufficient to put the application of earth in charge of an attendant. In hotels the self-acting apparatus is better.

The fertilizing value of the properly managed compost should be abundant remuneration to parties supplying earth, especially as its carriage is not attended with the slightest odor, and requires not the cover of darkness to mitigate its terrors, while its use is less disagreeable than that of Peruvian or fish-guano, and not worse than the employment of any old compost.

Reader, lose no time in providing yourself, and inciting your neighbor to provide, some form of earth closet in lieu of the vault which has hitherto sufficed. Health and economy both demand it! City authorities would do well to enact that all privies within a hundred feet of dwellings, or of wells in use should be converted into earth closets, and to provide for their systematic and thorough inspection.

Carbolic Acid

is daily developing more and more its value. It is a powerful antiseptic and disinfectant. If one per cent of the acid be added to water it will preserve fresh meat for a great length of time, and this without impairing its flavor. Used in water-closets, &c., &c., it soon demonstrates its superiority over the commonly used Chloride of lime. Washing horses, cattle, sheep with a weak solution of the Carbolic-acid, is an effectual preventive of the annoyance of flies and mosquitoes.

This has also been claimed to be beneficial in protecting men, women or children from the annoyance of these pests, but a lady of our acquaintance who says she has tested this, asserts the contrary. We are however inclined to the opinion that something in the mode of application or in the article itself was wrong. It should be diluted Carbolic-acid; one part to six of olive oil applied to burns and then covered with oil silk is highly extolled by English medical authorities. Used in the sick-room it is very valuable; sprinkling a weak dilution or placing some in a saucer in the room is decidedly beneficial. In fact this valuable agent has a most extended range of usefulness not alone medically but also in the household. At some future time we shall publish more extended notes on this subject.

Emigrant Ship.

The ship James Forster, Capt. Armstrong, left Liverpool for New-York December 19, 1868, and arrived in the lower bay (New-York) March 8th, after a voyage of nearly three months. The passengers were crowded together during the 10 dreary weeks in the dark and ill-ventilated hold. On the 8th Jan. they began to complain of the food given them. Soon the dreaded ship fever was found to be among the passengers. Four deaths followed in quick succession, and a panic spread among them. On a more than usually rough evening a man named George Arnold sprang among a crowd of wo-begone females standing in the hatchway. He gave them a maniac look, mounted on the ledgework of the ship, and threw himself into the foaming sea. Soon after this three of their comrades were consigned to the deep. The spirits of the surviving comrades sank to the lowest stage of depression.

The Free Press gives the following startling account relative to the Trichinæ in New-York.

"A piece of muscle, taken from the shoulder of a man who recently died in a hospital in New-York city, from an attack of *trichinæ spiralis*, was exhibited to us yesterday, under the solar microscope, by Dr. Charles P Thayer, microscopist and curator of the museum of the Medical Department of the University. The specimen of trichinæ was of course dead, but could be distinctly seen coiled up partly under the muscle, and appeared when magnified fifty times, to be about a sixteenth of an inch in diameter. The sight was enough to cure any desire for pork, either raw or cooked."

The Craniological Museum at Vienna.

Prof. Hyrtl, writing to Dr. von Scherzer, says: The craniological collection of the Anthropological Society consists of one hundred European skulls. In addition to these there are one hundred and twelve non-European crania; among these are some of the rarest and most valuable specimens. The collection is in one large case, together in the museum.

The University of Leipzig

Has on its list, this session, 1377 matriculates; the number, at the last session, amounting to 1309; of these there belong to the Theological Department 366 (of these 178 being foreigners, that is, not Saxons). To the Law Department, 383 (143 foreigners); to the Medical Department, 203, (53 foreigners, with 4 Americans.) To the Philosophical, 422, (209 foreigners). From this it will be seen that the "Devil's own," as King George facetiously termed the lawyers, are numerically stronger than the Medical or Theological. The Theological Faculties of the Universities at Berlin and Halle have each about 300 students.

Inebriate Asylum on Ward's Island, at the junction of Harlem river with Long Island Sound.

1. The building has a front of 275 feet and is 90 feet deep. It was commenced in 1866, and completed and opened for the reception of Inebriate Patients in July, 1868. It has accommodations for 350 inmates, of both sexes. The wealthy may find here every comfort to which they have been accustomed, while the poorest will not be excluded when there is room for them. The Asylum is designed to meet the wants of three classes of patients. First the poor who are supported by the city of New-York; and these are wisely directed to do as much work as they are fitted for thus benefitting their own health, proving their desire to bear their share of the common burden of humanity, and saving money to the city which will, therefore, be able to do the more for those who can not work.

2. The second class pay five dollars per week, and feel at home.

3. The third class are the wealthy. They can have all the comforts of their own homes at ten dollars per week. The authorities of this institution, as those of others devoted to the same object, do not pretend to have discovered any specific for the terrible disease *Intemperance.* They attempt little more than to furnish the invalid, broken down by the power of sensual indulgence, a refuge from *temptation* and thus they give him time for reflection, and try to aid him in the work of reformation.

Spectrum Test.

"The extraordinary delicacy of the spectrum test in determining the presence of certain metals is well known to scientific men. Bunsen and Kirchhoff intimate that it is possible to recognize in this way the sixty thousandth part of a grain of potassa or baryta, the one millionth of a grain of lime or strontia, the sixty millionth of a grain of lithia, and the one hundred and sixty millionth of a grain of soda. Dr. Letheby, the distinguished London chemist, has detected by these means the presence of blood in the stains on linen which had lain by for seventeen years."—*Pacific Med. and Surg. Journ.*

The Size of London.

We may get some impression of the present magnitude of London by looking at a few details of its colossal state. Its houses number more than 350,000, and its streets, if placed in line, would extend from Liverpool to New-York, and are lighted at night by 360,000 gas lamps, consuming every twenty-four hours about 13,000,000 cubic feet of gas. Of the water supply 44,383,328 gallons are used per day. The travelling public sustain 5,000 cabs and 1,500 omnibuses, besides all the other sorts of vehicles which human need can require or human wit invent. Its hungry population devour in the course of every year 1,600,000 quarters of wheat, 240,000 bullocks, 1,700,000 sheep, 28,000 calves, 35,000 pigs, 10,000,000 head of game, 3,000,000 salmon, and innumerable fish of other sorts, and consume 43,200,000 gallons of beer, 2,000,000 gallons of spirits, and 65,000 pipes of wine. As a consequence 2,400 doctors find constant employment. London, finally, supports 852 churches, which are presided over by 930 divines of greater or less note.—*The Nation.*

Treatment of Scabies at the Charité Hospital in Berlin.

Patient takes a warm bath (27—30 R.) for half an hour; after having himself fully dried, the whole body with the exception of the head is rubbed 4 to 6 times a day with *balsamum peruvianum* (40 drops suffice for a rubbing) especially those places, where the acari aggregate, have to be rubbed, so as to bring the balsam in contact with the acarus. Before retiring the underclothing and the sheets of the bed have to be changed. On the morning of the third day another warm bath is taken, and the whole body well cleansed with green soap. Frequently after the first application (of half an hour) of the balsam the parasites are killed. It never produces any irritation of the skin, and the itching passes off very soon.

Loffler, Prousseau, Marcard and others have found, that the blood of healthy robust persons becomes watery by taking too much iron, and that chlorosis is always found in places, where ferruginous water is used as a drink; Ferrum is therefore perfectly homœopathic in the simple, not complicated chlorosis, especially in recent cases and in the florid chlorosis. Calc.-carb. ought to be given at first for a while, followed by Ferrum in the *first or second trituration.* Higher dilutions are perfectly useless.—*Klinik.*

According to the pathogenesis of *Curare* by Honatt, Voisin and Lionville this poison seems to be *the* remedy for diabetes mellitus and insipidus, as it has the symptoms marked: clear and frequent urine with digging crampy pains in the kidneys, shooting in the stomach, dry mouth and great thirst, especially in the evening and at night, frequent urination with emaciation. Voisin has also found sugar in the urine. In nervous and muscular diseases its action is remarkable, especially corresponding to Chorea and purely intermittent fevers.

Honatt considers *Cubebs* as the vegetable Mercury, affecting especially the lymphatic, mucous, osseous, circulatory, digestive and genito-urinary system. It is an analogue to caries and other body affections, to many skin-diseases, to herpetic affections in its widest sense (psora), to albuminuria, to abscesses of the liver and many symptoms prove it to be a simillimum to some kinds of croup. *Honalt's Nouvelles données de M. M.*

Dr. Parisel shows, that Acidum-picricum is perfectly homœopathic to jaundice, as it produces yellow coloring of the sclerotica and skin, depression of the beats of the heart in number and strength, the urine becomes high-colored, even bloody, thick, viscous with large sediments.

Physalis Alkekengi has produced several radical cures of enuresis nocturna, after other remedies had failed.

Dufay gets good results from the administration of quinine by cutaneous absorption. He lets the hands of his patients soften in a hot bath, and then pours in the palm of the hands a tablespoonful of acidulated solution of quinine, with which they rub their hands, till the liquid has disappeared. Vertigo and buzzing come on in an hour, (the dose being too large), but the neuralgia is cured. Even where a gastric state contra-indicates quinine, it can be given by cutaneous absorption.

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F. SEEGER, M.D.

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